



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING
Wednesday, October 13, 2021
VIRTUAL
1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
- VI. Approval of the Minutes – September 8, 2021**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports**
 - A. Crisis Services
 - B. Utilization Management – *Deferred to November 10, 2021*
- IX. Strategic Plan Pillar - Access**
- X. Quality Review(s)**
 - A. QAPIP Work Plan FY 2021 Update
- XI. Chief Clinical Officer's Report**
- XII. Unfinished Business - None**

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

Kenya Ruth, Vice-Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad

Dr. Cynthia Tauieg, Secretary
Jonathan C. Kinloch



XIII. New Business

(Staff Recommendations):

- A. **BA #21-74** – Request for Additional Funds for Translation Services - Bromberg and Associates
- B. **BA #22-14** – Wayne County Health, Human and Veteran’s Services – Wayne County
- C. **BA #22-16** – Substance Use Disorder (Prevention)
- D. **BA #22-17** – Substance Use Disorder (Treatment)
- E. **BA #22-21** – ARCs Detroit, Northwestern Wayne and Western Wayne – ARC Detroit
- F. **BA #22-29** – Jail Diversion – Central City Integrated Health
- G. **BA #22-32** – Credentialing Verification Organization - Medversant Technologies, LLC

XIV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met)***. Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

SEPTEMBER 8, 2021

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Dr. Lynne Carter; Michelle Jawad; and Dr. Cynthia Taueg</p> <p>Board Members: Dora Brown</p> <p>Staff: Miriam Bielski; Brooke Blackwell; Jacquelyn Davis; Eric Doeh; Dr. Shama Faheem; Monifa Gray; Tania Greason; Melissa Moody; John Pascaretti; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; Manny Singla; Michele Vasconcellos and June White</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	The Chair called for a moment of silence.
CONCLUSIONS	Moment of silence was taken.

III. Roll Call

DISCUSSION	The Chair called for a roll call.
CONCLUSIONS	Roll call was taken by Board Liaison, Lillian Blackshire. There was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the agenda. Motion: It was moved by Ms. Jawad and supported by Mrs. Burrell to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<i>There were no follow-up items from the previous meeting to review.</i>
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VI. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the August 11, 2021 meeting minutes. Motion: It was moved by Ms. Jawad and supported by Mrs. Burrell to approve the August 11, 2021 meeting minutes. Dr. Tauzeg asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of her Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Outreach – DWIHN is planning on advancing to Phase 2 where staff will be hosting our own events and will be able to offer clinical services onsite. <ol style="list-style-type: none"> a. Opioid Awareness for August 2021 – On August 16, 2021, DWIHN SUD Mobile Units were at 707 W. Milwaukee for the general public to see the mobile units and how they operate throughout the communities; Narcan kits were distributed at DWIHN’s office from 12:00-4:00 on August 31, 2021; and Overdose Awareness Day on August 31, 2021 sponsored by the Michigan Poison and Drug Information Center in partnership with the Empowerment Zone Coalition and other community partners on the Detroit River Walk. 2. School Success Initiative (SSI) – Staff has started more direct involvement in the outreach, school recruitment, educating the school districts about the School Success Initiative and addressing barriers that lead to the drop in engagement last year. 3. Quality Improvement – The Chief Medical Officer is working closely with staff to improve DWIHN’s scores on State measured Performance Indicators; analyzing DWIHN’s performance on HSAG Review; and working collaboratively and aggressively to address PIP measures and HEDIS scores. 4. Few Achievements – No COVID cases or deaths at our Residential homes during August 2021; Chief Medical Officer joined the Detroit Department of Health’s Firearm Injury Prevention Project and appointed as a member of the U of M Injury Prevention Center; and DWIHN was recognized nationally by Crisis Intervention Training (CIT) International as CIT Program of the Year. DWIHN’s CIT Program received the CIT Best Pin Award. <p>Dr. Tauzeg opened the floor for discussion. There was no discussion. The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p> <p>B. Corporate Compliance Report – Deferred to October 13, 2021 Program Compliance Committee Meeting</p>
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VIII. Quarterly Reports -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access Call Center – Miriam Bielski, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s quarterly report. Ms. Bielski reported:</p> <ol style="list-style-type: none">1. Access Call Center Monthly Performance – Made all standards within all sections of the Call Center and maintaining a good with calls.2. Access Call Center 90-Day Performance (April 2021-June 2021) – There were 52,947 calls received, answered within the timeframes and at a 97.1% standard. The service level is at 91%.3. Access Call Center’s Crisis Vendor (ProtoCall) Performance – There were 926 calls offered, 888 handled and at 2.4% abandoned.4. Access Call Center’s Crisis Vendor (ProtoCall) 90-Day Performance – ProtoCall had a bad performance in April due to equipment issues but were able to recover in May and June and are building back up.5. Access Call Center’s Transition – Staff has implemented performance Metrics for each call center unit, focused processes towards “First Call Resolution”, implemented a Quality program, partnering with corporate areas on program implementation, established a provider monthly meeting specific to the Access Call Center, developing policies and procedures that support regulatory standards, and creating a robust training program for all Access Call Center’s Units.6. Access Call Center Transition Project Work – Staff has implemented a SUD Program Support, partnering with Children’s Initiatives’ department on Children Trauma process, and partnered with different entities on behavioral health initiatives. <p>Eric Doeh, President and CEO informed the committee that that through a grant, DWIHN has obtained a texting system called “Reach Us Detroit” that has moved us into a realm where we can now communicate with members via text since that is more appropriate with our younger members. Michele Vasconcellos, Director of Customer Service also informed the committee that DWIHN has a Rapid Response Program where individuals can email us if they have questions or inquiries and staff follows up immediately. Dr. Taueg opened the floor for discussion. Discussion ensued.</p> <p>B. Children’s Initiatives – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ quarterly report. Ms. Phipps reported:</p> <ol style="list-style-type: none">1. Home Based Services – There are 658 families receiving Home Based Services from 12 Children’s Providers, which includes 63 Home Based Therapists and eight (8) Home Based Therapists discontinued in that role.2. Wrap Around Services – There are 356 families receiving Wrap Around Services in which, 73 families were new; 43 families transitioned out of Wrap Around services and 59.5 % of the families successfully completed all four phases of the Wrap Around model.3. Waiver Services – There were 35 new SED Waiver referrals; 158 (duplicated) active cases; 15 renewals; and 3 discharges.4. MC3 – There was a light increase in providers enrolled in the MC3 program (183-Q2 and 190-Q3). There was a decrease in requests for services from Q2 (86 to 39).5. School Success Initiative (SSI) – There was a total of 2,055 individuals that received SSI services from nine Children’s Providers. There were 21 new referrals and 84 discharges. A task force was established per the Board of
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Directors' request to update and re-design the curriculum for the School Success Initiative. Under this task force, Phase 1 (Increasing Accessibility and Prevention Services) has been completed. The training modules and accompanying syllabi to utilize within classrooms for grade levels K-12 have been finalized. The Michigan Model for Health (MMH) was purchased and the providers have completed training to utilize this curriculum. The trainings with Wayne RESA took place on April 9th and April 23rd. The committee requested more information on how we are informing the students that we are there and if the head start agencies will be included in the initiative. **(Action)**

6. **Youth United** – April 20, 2021, Youth United facilitated a Town Hall event, “Transitioning in 2021: Celebrating Resiliency”. There were 52 participants. April 21, 2021, “Stop the Silence and Stigma of Youth Suicide” was facilitated and there were 41 participants at this event. May 26, 2021, “Stop Youth Mental Health Stigma” was facilitated and there were 25 participants at this event. May 28, 2021, a Meet and Greet Game Night was facilitated and there were 12 participants at this event. Youth United will be hosting this event the last Friday of every month.
7. **Work Force Development** – Quarterly Leadership Training: “The Leadership Paradox”, there were 14 attendees; Children’s Mental Health Lecture Series (CMHLS): “Understanding Sexual Harm”, there were 95 attendees; and Children’s Mental Health Lecture Series (CMHLS): “Pediatric Health Disparities”, there were 72 attendees.

Dr. Taueg opened the floor for discussion. Discussion ensued.

- C. **Clinical Practice Improvement** – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave highlights of the Clinical Practice Improvement’s and Autism Spectrum Disorder’s quarterly reports. Ms. Reynolds reported:

1. **Clinical Practice Improvement:**

- a. **Act Program** – Monthly forums are held with ACT providers to provide update on DWIHN policies and procedures; the ACT protocol and MedDrop manual were updated; Staff worked with the Quality department on recidivistic members and offered recommendations on engagement strategies; and the H0039 TG and GT codes will be phased out and replaced with place of service or POS codes, effective 10/31/21.
- b. **MedDrop** – There are 39 current admissions (15 members were referred from case managers; 9 members were referred from Returning Citizens Program; and 7 members were referred by Post Behavioral Hospital. The goal is to have 150 enrollees in the program.
- c. **Evidence Based Supported Employment (EBSE)** – There were 131 referrals, 108 admissions, 85 competitively employed with an average wage of \$11.96 per hour, and 27 successfully transitioned from EBSE services to case management services; EBSE/IPS Program Manager continues to provide technical support to ensure successful implementation of the IPS/Opioid Pilot Project which will end September 30, 2021 and not be renewed.

2. **Autism Spectrum Disorder:**

- a. An additional ASD Independent Evaluator (Sprout, LLC) was added to the provider network to increase the 14-day timeliness standard.
- b. There are currently 2,070 open cases receiving services with the largest concentration of members enrolled with Centria Healthcare.
- c. The ASD RFP 2021-002 awarded two new ABA providers and expanded one existing provider to increase member’s choice of locations to five

new Autism Centers across Wayne County (2-Detroit and 2-Western Wayne and 1-Downriver).

- d. Staff will continue to work in collaboration with Supports Coordinating agencies to increase accuracy and timeliness of service authorizations for children enrolled in the benefit and host monthly meetings to provide updates on initiatives implemented by MDHHS.

Dr. Tauzeg opened the floor for discussion. Discussion ensued.

- D. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of the Customer Service’s quarterly report. Ms. Vasconcellos reported:

1. **Customer Strategic Plan Pillar** – 92% completion
2. **DWIHN Customer Service Unit Call Center Activity** – 3,047 calls received through the Reception/Welcome Center/Switchboard with an abandonment rate of 1.1% (decrease from previous quarter); and 2,324 calls received through the Customer Center Call Center with an abandonment rate of 4.6%. The abandonment rate standard is less than 5%.
3. **DWIHN Welcome Center (Reception Are) Walk-Ins** – As a result of COVID, this area is only open on Tuesdays for Recipient Rights walk-ins, Wednesdays for board meetings and Fridays for any type of walk-ins (Customer Service, Family Support Subsidy, Recipient Rights, etc.)
4. **Family Support Subsidy Activity** – 1,296 calls received this quarter which is a decrease from the previous quarter; 386 applications received and 257 applications were submitted to the State.
5. **Grievances Activity** – 32 grievances were received and 21 were filed.
6. **Appeals Activity** – 3,116 Advance Notices and 330 Adequate Notices received this quarter; 56 Local Appeals Activity Calls received; 9 Appeals filed with Customer Services and no calls for State Fair Hearings requests or MI Health Links Appeals.
7. **QI & Performance Monitoring Activity** – Staff responded to HAP, Molina, AmeriHealth and Michigan Complete ICO audits and Plan of Corrections; Conducted Customer Service Orientations to new Access Center staff; Provider Directory and Member Handbook were updated; and staff continue to conduct annual CRSP Customer Service Standards audits.
8. **Member Engagement Activity** – Staff continue to coordinate and conduct monthly meetings, outreach activities, trainings and prepared for annual events (Reaching for the Stars and Walk-A-Mile).
9. **Member Experience Activity** – Staff continue to work on various survey activities.

Dr. Tauzeg opened the floor for discussion. There was no discussion.

- E. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care’s quarterly report. Ms. Politowski reported:

1. **Health Plan Pilots (3):**

- a. **Health Plan 1** – The contract between DWIHN and Vital Data Technology, LLC (VDT) to utilize the Care Coordination Module as a shared electronic platform was fully executed in late October. The go live date for the shared platform was June 1, 2021. There are currently nine active members.
- b. **Health Plan 2** – Monthly meetings continue to be held to review a sample of shared members who experienced a psychiatric admission during the previous month.
- c. **Health Plan 3** – Staff was in communication with Health Plan 3 staff throughout the 1st quarter and a proposal for a joint pilot project

	<p>internally is being reviewed but at this time the Health Plan has not decided to go forward with any projects.</p> <ol style="list-style-type: none"> 2. Medicaid Health Plans – Staff continue to perform Care Coordination Data Sharing on a monthly basis with each of the eight Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria. There were 167 cases reviewed during the quarter. 3. MI Health Link Demonstration – 255 Behavioral health care referrals were completed and submitted to the ICO this quarter. Care Coordination was provided to 74 MI Health Link members to support engagement in Behavioral Health services and Transitions of Care coordination was provided for 153 MI Health Link members who were discharged from a psychiatric hospitalization during this quarter. Staff completed LOCUS assessments for 58 MI Health Link members and participated in eight Integrated Care Team meetings with the ICOs during this quarter. 4. Complex Case Management (CCM) – Staff continue to provide and offer Complex Case Management services to DWIHN’s members as a part of DWIHN’s NCQA accreditation. There were 17 active cases, 13 new cases opened and 9 cases were closed during this quarter (of the 9 closed cases, 6 cases were closed as a result of the members meeting their identified Plan of Care goals. Information regarding CCM was sent to staff at 30 different provider organizations, including hospitals, CRSPs and a residential provider. 5. OBRA/PASRR – Staff continues the monitoring and oversight of services provided by DWIHN’s OBRA/PASRR providers. The average percentage rate of pended assessments is 40% during this quarter, which is higher than the previous quarter of 24%. <p>Dr. Tauег opened the floor for discussion. Discussion ensued. The Chair noted that the Access Call Center, Children’s Initiatives, Clinical Practice Improvement, Customer Service and Integrated Health Care’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan Pillar - Quality

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Tania Greason of Quality Improvement on behalf of April Siebert, Director of Quality Improvement submitted and gave a report on the Strategic Plan – Quality Pillar. Ms. Greason reported that overall this pillar is currently at 77% completion. There are four organizational goals and they range from 55% to 95% completion for the high-level goals:</p> <ol style="list-style-type: none"> A. Ensure consistent Quality by September 30, 2022 – 55% completion B. Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021 – 95% C. Implement Holistic Care Model 100% by December 31, 2021 – 84% completion D. Improve population health outcomes by September 30, 2022 – 74% completion <p>Dr. Tauег opened the floor for discussion. There was no discussion. The Chair noted that the Strategic Plan Quality Pillar report has been received and placed on file.</p>
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X. Quality Review(s) -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. QAPIP Work Plan FY 2021 Update – Tania Greason of Quality Improvement on behalf of April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan FY 2021 Update. Ms. Greason reported that this report is an update of the activities related to the External Quality Review (EQR) conducted by HSAG as required by MDHHS and detailed in the Code of Federal Regulations (CFR) at 42 CFR (Managed Care) which purpose is to assess DWIHN’s performance in providing quality, timeliness and accessible healthcare services to our members served. The final report should be received by the end of September.</p> <p>1. Goal VII – Ensure Compliance with Applicable Laws and Regulations – HSAG completes three (3) separate reviews as required by MDHHS:</p> <ul style="list-style-type: none"> a. Performance Measure Validation (PMV) Review – This review was remotely and conducted on June 16th 2021. DWIHN will receive a draft PMV report detailing the review by September 17, 2021 with an opportunity to provide feedback to HSAG on or before September 25, 2021. A final report will be issued by HSAG by September 30, 2021 and staff will share the results in the October PCC meeting. b. Performance Improvement Project (PIP) Review – The 2021 PIP Validation Project for Remeasurement 2 (Improving Diabetes Screening Rates for People with Schizophrenia or Bipolar Who are Using Antipsychotic Medications) was remotely and submitted to HSAG on June 28, 2021. DWIHN received the initial validation findings with the opportunity to provide feedback on areas that were deemed partially met or not met. The resubmission was submitted to HSAG on Friday, August 13, 2021. A final report will be issued by HSAG on October 25, 2021 and staff will share the results in the November PCC meeting. c. Compliance Review – This Review was remotely and conducted on July 16, 2021. DWIHN requested to submit additional supporting documentation during the post site review and was submitted on July 19, 2021. HSAG will submit a draft report to DWIHN on September 24, 2021 with an opportunity to provide additional feedback. A final report will be shared with the committee once received. <p>Dr. Tauveg opened the floor for discussion. There was no discussion. The Chair noted that the QAPIP Work Plan FY 2021 Update has been noted and placed on file.</p>
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XI. Chief Clinical Officer’s (CCO) Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report. Mrs. Moody reported:</p> <p>1. COVID-19 & Inpatient Psychiatric Hospitalization –As of 8/31/21, Hospitalization’s data showed an approximate 14% decrease in admissions for the month of August. There were two reported cases of COVID-19 inpatient in August 2021 (July 2021 – 0 cases).</p>
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2. **COVID-19 Intensive Crisis Stabilization Services** – There was an approximate 14% decrease in crisis stabilization services provided in August 2021 (374) compared to July 2021 (434).
3. **COVID-19 Pre-Placement Housing** – There were no pre-placement housing for the month of August 2021 (July 2021 – 0).
4. **COVID-19 Recovery Housing/Recovery Support Services** – There was no significant change in the utilization of COVID-19 recovery homes in the month of August 2021 (3) compared to July 2021 (2).
5. **COVID-19 Urgent Behavioral Health Urgent Care Sites** – There was no significant in overall utilization of Urgent Behavioral Health Urgent Care Services in August 2021 (24) compared to July 2021 (23).
6. **Residential Department Report of COVID-19 Impact** – There was no new COVID-19 positive member in August 2021 and no reported new deaths. July data for staff was unavailable at the time of this report.
7. **Vaccinations – Licensed Residential Homes** – A combined total of 90% of members in licensed settings have been fully vaccinated.
8. **Vaccinations – Unlicensed Homes** – A combined total of 65.1% of members have been fully vaccinated in unlicensed settings. A combined total in congregate settings – 81.2% fully vaccinated.

DWIHN’s Residential team has identified licensed and unlicensed homes that show a lower number of individuals being vaccinated and has partnered with the City of Detroit Health Department to provide in-home COVID-19 vaccination education. The Health Department will also be able to provide the vaccination at that time if the individual so chooses. Currently, 12 homes have been scheduled to receive this educational service; four (4) licensed homes and one (1) unlicensed home have already received the education; and 29 members were educated and seven (7) agreed to the vaccination (1 is undecided) and scheduled appointments. DWIHN has met with the Wayne County Health Department (WCHD) on 8/24/21 to discuss a similar partnership and will provide education and vaccinations for those who express interest.

9. **Behavioral Health Home (BHH)** – As of yesterday, DWIHN has hired a Behavioral Health Home Administrator. MDHHS reported that there may be a delay in the review of the State amendment which will likely push the start date back for BHH until mid-2022 for our region. DWIHN did receive start-up funding to assist the implementation of the model and continues to meet with MDHHS bi-weekly on this initiative.
10. **Opioid Health Home (OHH)** – There are currently 137 members enrolled in the OHH Model. It is anticipated that the number of participants will increase further when this becomes a Medicaid services starting 10/1/21 (full implementation).

Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Chief Clinical Officer’s report has been received and placed on file.

XII. Unfinished Business - None

**DISCUSSION/
CONCLUSIONS**

There was no Unfinished Business to Review and Approve.

XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<ul style="list-style-type: none">A. BA# 22-03 – Crisis Intervention Services – Hegira Health, Inc. – Staff requesting board approval for Hegira Health, Inc. to continue to provide crisis intervention services via the Community Outreach for Psychiatric Emergencies (COPE). It will allow DWIHN to continue providing the MDHHS mandated adult mobile crisis services during the process of securing the DWIHN’s Woodward Hope Center. The amount for the extension is not to exceed \$8,400,000.00 from October 1, 2021 through September 30, 2022. Dr. Tauег opened the floor for discussion. Discussion ensued.B. BA #22-04 – Behavioral Health Emergency Response Call Center – ProtoCall Services, Inc. – Staff requesting board for the extension of this contract to fulfill its’ role as the Emergency Response Call Center during the period of implementation of DWIHN’s Full Crisis Continuum. The FY 21/22 contract amount is \$335,500.00. Dr. Tauег opened the floor for discussion. There was no discussion.C. BA #22-08 – Michigan Consortium for Healthcare Excellence (MCHE) – Staff requesting board approval for a three-year contract renewal agreement with MCHE who in turn is entering into a master license agreement with MCG Health on behalf of all ten of the Prepaid Inpatient Health Plans (PIHP) in Michigan. The estimated amount for this renewal is not to exceed \$350,000.00 Dr. Tauег opened the floor for discussion. There was no discussion.D. BA #22-09 – Project for Assistance in Transition from Homelessness (PATH) – Neighborhood Service Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA) - Staff requesting board approval to provide supplemental funding for the PATH program for two providers (NSO and WMCAA). Both providers receive grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program. Dr. Tauег opened the floor for discussion. There was no discussion.E. BA #22-10 – Central City PSH CoC Program and Leasing Project – Central City Integrated Health – Staff requesting board approval to disburse general fund match in the amount of \$165,045.00 to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the fiscal year ending September 31, 2022. Dr. Tauег opened the floor for discussion. There was no discussion.F. BA #22-11 – Donated Funds Agreement DFA22-82009 – Outstation DHHS Services – Staff requesting board approval for a one-year contract with the Michigan Department of Health and Human Services (MDHHS) to continue implementation of the Outstation DHHS Services to assist persons receiving behavioral health services in Wayne County to gain rapid access to Medicaid benefits and maintain their benefits to receive eligible services without interruption. Dr. Tauег opened the floor for discussion. There was no discussion.G. BA #22-13 – Michigan Peer Review Organization (MPRO) – Staff requesting board approval for a comparable source service contract with MPRO for the Utilization Management department the ability to collaborate on utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication. The contract period is from October 1, 2021 through September
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30, 2022 with a one-year option to renew. The amount is not to exceed \$100,000.00 per year. Dr. Tauег opened the floor for discussion. There was no discussion.

- H. **BA #22-15** – System of Care Block Grant – Black Family Development – The System of Care Block Grant expands the capacity of Connections Wayne County’s System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED) served within Wayne County’s Public Mental Health System. MDHHS affords this transforming grant in the amount of \$1,043,582 to supplement Medicaid covered services. The term of this contract is from October 1, 2021 through September 30, 2022. The Chair opened the floor for discussion. There was no discussion.
- I. **BA #22-20** – Infant and Early Childhood Mental Health Consultation (IECMHC) – Development Centers, Inc. – Staff requesting board approval of a one-year contract effective October 1, 2021 through September 30, 2022 for an amount not to exceed \$163,348.00 for the IECMHC. The program consultation is a prevention based, indirect intervention that teams a mental health professional with child care providers to improve the social, emotional and behavioral health of children. Dr. Tauег opened the floor for discussion. There was no discussion.
- J. **BA #22-22** – Provider Network System FY 21/22 – DWIHN’s Provider Network – The Chair called for a motion on BA #22-22. **Motion:** Ms. Jawad abstained from voting on the LAHC portion of this board action due to conflict of interest. It was moved by Dr. Carter and supported by Ms. Jawad to move BA #22-22 to Full Board for approval. Staff requesting board approval for continued funding for the Provider Network System for the fiscal year September 30, 2022. This will allow for the continued delivery of behavioral health services for individuals with Serious Mental Illness (SMI), Intellectual/Developmental Disability (IDD), Serious Emotional Disturbance (SED) and Co-Occurring Disorders. Dr. Tauег opened the floor for discussion. There was no discussion. The Chair bundled the board actions and called for a motion on BA #22-03; BA #22-04; BA #22-08; BA #22-09; BA #22-10; BA #22-11; BA #22-13; BA #22-15; and BA #22-20. **Motion:** It was moved by Ms. Jawad and supported by Dr. Carter to move BA #22-03; BA #22-04; BA #22-08; BA #22-09; BA #22-10; BA #22-11; BA #22-13; BA #22-15; and BA #22-20 to Full Board for approval. Dr. Tauег opened the floor for further discussion. There was no further discussion. **Motion carried.**

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to review.</i>
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ACTION ITEMS	Responsible Person	Due Date
1. Children’s Initiatives Quarterly Report: A. School Success Initiative - Provide more information on how we are informing the	Cassandra Phipps	November 10, 2021

ACTION ITEMS	Responsible Person	Due Date
students that we are in the schools and if the head start agencies will be included in this initiative in the next quarterly report.		

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Ms. Jawad and supported by Dr. Carter to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:43 p.m.

NEXT VIRTUAL MEETING: Wednesday, October 13, 2021 at 1:00 p.m.

**Program Compliance Committee Meeting
Chief Medical Officer's Report
Shama Faheem, MD
October 13th, 2021**



Suicide Awareness and Prevention Month Initiatives:

- Chief Medical officer presented to our Members “Constituent Voice” on “Suicide awareness and Prevention” on September 17th, 2021
- Workforce Development Department and The Suicide Prevention Coalition hosted several events in recognition of suicide prevention and awareness month. There was a partnership event with the Wayne County Sherriff’s Office on 9/18 that aimed to bring positive connections between the community, mental health, and law enforcement. COVID-19 vaccinations, COVID-19 testing, and behavioral health screening were offered. Over 200 meals were distributed and 135 backpacks.
- DWIHN’s Workforce Development Department hosted a Suicidology Conference on 9/14/21 (210 in attendance).
- DWIHN hosted Self-Care Conference on 9/27/21 that focused on increasing awareness for self-care, mental health and overall well-being (285 in attendance).
- Workforce Department Director participated in a panel for the Children’s Center’s Demystifying Suicide– Imperative for Black Boys. The Children’s Director also attended The Children Center Demystifying Suicide event and shared about Children Services.

Behavioral Health Outreach:

Mobile Outreach Services: September

Events attended - 17

Education and meaningful conversations- 200 individuals. Screenings were also completed onsite.

Children’s Outreach:

The Children’s Initiative Department attended the following Outreach Activities this month:

- Leland MBC Women’s Conference
- St. Matthews Episcopal Community Event
- Presented at Sister Friends Resource Day and explained about Children Services
- Attended St. Jesuit Suicide Prevention event and shared Children Services
- Attended The Children Center Demystifying Suicide event at the Pistons and shared Children Services

Workforce Development Department Outreach:

- The Reach Us Detroit 24/7 Virtual Therapy Line continued to be engage residents of Wayne County. Calls increased following community engagement and outreach events. 212 total calls occurred during the month of September. Support to 911 Dispatch was offered along with continued support for individuals that presented without an emergency need but with persistent behavioral health needs. Ongoing engagement with individuals has occurred to support motivation to participate in CMH services.
- The team continued to participate on the Cody High School advisory board and provided mental health education and awareness to youth preparing to reenter school. Two community outreach events occurred to support families and children. Mobile screenings were provided to families

during community outreach in Detroit.

DWIHN Jail Diversion Initiatives

- Police departments continue to express interest in the CIT program. 25 individuals were trained the week of September 20, 2021. The next class is scheduled for the week of October 18, 2021. Participants were from Detroit, Wayne, the Airport Authority, Ottawa County, Holland, and Southgate.
- In September, efforts continued with the 3rd Circuit Court, 36th District Court, and Wayne County Sheriff's Office to move the Jail Navigator program along. Since the inception of the Navigator program there have been 120 total releases.
- Team Wellness continues to co-respond with Detroit Police in the Downtown Services area and transported 14 persons to CSU at TWC for stabilization services, conducted follow-up with at 12 persons with their assigned CRSP per MHWIN. and continued to patrol hotspots in downtown area daily.

Quality Improvement

- For FY 2021 Performance Measures Validation (PMV) review, DWIHN met all the reportable standards. No plan of correction required
- We have been working towards action plans to address lower scores on some of our indicators such as 1, 2a, and 10, based on last quarter report.
 - We have continued to show improvement in PI#10 (Recidivism) the numbers decreased from Q2 17.34% (Adult) to 17.03% (Adult) demonstrating a 0.31 percent decrease, however, the standard is 15% or less. Different departments have collaborated to address recidivism and will continue the efforts.
 - For indicator 2a, the reporting percentage increased from Q2(36%) to (48%) for Q3 a 12 percent increase. We will continue improvement efforts with better outcomes expected during 4th and 1st Quarters.
- The QI Team has completed 100% review of backlog Critical/Sentinel Events for FY 2019/2020 with a 95% closure rate.
- The Quality Unit hosted a Lessons Learned forum targeted for our CRSP on September 22nd via Zoom regarding the the Habilitation Supports Waiver (HSW) and Children's Waiver Program (CWP) program requirements. The goal is to review HSW and CWP standards as it relates to documentation and record keeping along with staff qualifications in order to identify areas in need of improvement and potential training opportunities. The training was attended by approximately seventy-three (73) participants.
- The Quality Unit started their first Case Managers and Supports Coordinators Quarterly Meeting on September 30th, via Zoom. Attendance was well represented with approximately one hundred and ninety-eight (198) participants attending the event. This meeting allows for collaboration between DWIHN and the CM/SC focusing on initiatives that improve quality improvement outcomes.



**Detroit Wayne
Integrated Health Network**

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**CORPORATE COMPLIANCE
MEMORANDUM**

TO: Dr. Cynthia Taueg, Chairperson
Program Compliance Committee

FROM: Bernard K. Hooper
Corporate Compliance Officer

DATE: October 13, 2021

RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE

1. **OIG Annual Review – Corporate Compliance** and Michelle Warstler of the MDHHS OIG had annual one-on-one review on October 6, 2021. The substance of the discussion was a review of performance of Corporate Compliance including (1) quarterly reports, timely response OIG MDHHS inquiries, (3) the strategy for the timely completion of the Medicaid Claims Verification process, and (4) the efficiency of data mining algorithm analysis of claims as conduct by IT. In, all regarding Corporate Compliance was determine to exemplary.
2. **Chitter-Chatter MiOSHA complaint** - MiOSHA contacted Chitter Chatter, provider of services to children with diagnosis of ASD in April 2021 and several times thereafter. The complaint stated the due to the pandemic Chitter Chatter must mandate all children wear a mask during treatment due to the Governor's orders. Chitter Chatter has worked closely with its families to promote mask wearing, however is unable to enforce this company-wide at this time due to the members' developmental delays. On appeal MIOSHA ruled that all children must be masked while receiving service. Chitter Chatter has consulted with DWIHN; however, the Chitter Chatter remains at risk of being forced to pay substantial fines as a result of the violation.

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

Kenya Ruth, Vice Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad

Dr. Cynthia Taueg, Secretary
Jonathan C. Kinloch



Crisis Services 4th Quarter: July-September 2021

Summary Report

Below is the data for crisis services for the 4th Quarter for adults and children. Overall, there are no major differences from previous quarters. The diversion rate for children continues to slightly decrease, while it has slightly increased for adults. There continues to be an increase in adults receiving services at the Crisis Stabilization Units and from the mobile crisis stabilization teams.

FY 20/21 Q4 Accomplishments

- Hospital Liaison staff were involved in a total of 1575 cases receiving crisis services. This involvement consisted of contacts made with community hospital's related to movement of members out of the emergency departments and individuals awaiting inpatient placement beyond 23 hours. The overall diversion rate from inpatient care was 59%. There were 84 crisis alerts received for the quarter (18% decrease from the 3rd Quarter) and an average of 68% were diverted from inpatient, an 11% increase from the previous quarter.
- Update on the recommendations from the Steering Committee responsible for developing plans to reduce psychiatric inpatient and recidivism:
 - Language has been developed to notify CRSP when an individual has received a request for service (RFS) for crisis services.
 - A new version of the Pre-Admission Review (PAR) screening has been deployed that now requires a reason for the cases exceeding 2 hours disposition for adults and 3-hours for children. Screeners cannot sign off until they document the reason for cases exceeding the required timeframe.
 - A new security group has been added to MHWIN for CRSP staff to see crisis services menu (RFS, PAR's, authorizations, court orders, chart notes, continued stay reviews, etc.)
 - The court orders modules have been added to MH-WIN.
- During the month of July, began receiving Assisted Outpatient Treatment (AOT) orders from Probate Court to coordinate treatment plans with CRSP. DWIHN has received a total of 141 orders.
- Children's providers resumed face to face crisis screening
- Mobile Outreach Partnership with Wayne Health.

Area of Concern

- Individuals testing positive for COVID in the ED and needing inpatient placements, getting denied.
- Continuing to work with Detroit Police Department on transferring 911 behavioral health calls directly to the Crisis line (ProtoCall). The project was scheduled to go live May 17, 2021, however, there have been barriers in the DPD phone lines and staffing changes. A meeting is scheduled to address barriers.

Plans for FY 21/22 Q1

- Work with inpatient facilities to address barriers to placement
- Implement plan to transfer 911 Calls and report performance outcomes
- Implement procedures for CRSP to coordinate AOT orders in treatment plans and report impact
- Develop workplan for Crisis Assessment Center RFP for Board approval

Crisis Services 4th Quarter: July-September 2021

Summary Report

- Finalize recommendations from the Steering Committee to reduce psychiatric inpatient and recidivism.
- Orientation and training of new Crisis Director

Crisis Services 4th Quarter: July-September 2021

Below is the data for crisis services for the 4th Quarter for adults and children. Overall, there are no major differences from previous quarters. The diversion rate for children continues to slightly decrease, while it has slightly increased for adults. There continues to be an increase for adults receiving services from Crisis Stabilization Units and mobile crisis stabilization teams.

CRISIS DATA

1. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NO). All providers have resumed face to face screenings.

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
4 th FY 20/21	642	564	177	27.5%	451	70%	426

- The Request for Service (RFS) for the 4th Quarter is a decrease of 8% from the previous quarter. The diversion rate for the quarter has also decreased slightly by 1% from the last quarter. There was a consistent decrease the last two quarters of this fiscal year.
- The number of Mobile Intensive Crisis Stabilization cases increased by 20% from the 3rd Quarter.

2. Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization and Northeast Guidance Center as sub-contractors

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
4 th FY 20/21	3218	2901	2110	66%	1038	32%	22

- Numbers above reflect a slight increase in RFS by .08% as reported in the previous quarter. The percentage admitted is the same and the number of diversions slightly increased by 1% this quarter. The available capacity for CRU continues to be down to 14 to comply with social distancing guidelines. The number of individuals going inpatient due to no CRU bed available increased by 17 cases as reported in the previous quarter.
- COPE Mobile Stabilization services were provided to 343 cases for the quarter, which is an increase of 10% as reported in the 3rd Quarter.

3. Crisis Residential Services

Hegira Crisis Residential Unit Admissions	
4 th FY 20/21	141 * 4 cases pending at time of report

- There was a 13% decrease in CRU admissions in comparison to the previous quarter. The capacity continues to be 14 available beds due to COVID social distancing requirements.

4. Crisis Stabilization Units

- COPE: Served 806 individuals for the quarter: An increase of 7% from the previous quarter.

Crisis Services 4th Quarter: July-September 2021

- Team Wellness Center: Served 436 consumers for the quarter. An increase of 93% from the previous quarter.

5. ProtoCall:

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
Q4 FY 20/21	1654	1543	75 (avg)	33.5 (avg)	4.2 (avg)

- Complete data for the quarter was not available at time of report. Numbers above are based on July and August data.
- ProtoCall has had an increase in calls throughout their organization as customers increase call volumes due to staffing capacities which has affected ProtoCall's capacity to comply with performance outcomes. ProtoCall has increased salaries to retain and recruit staff. They are also declining additional accounts.

6. Mobile Outreach Services: Partnership with Wayne Health

- Mobile Outreach Clinician attended 38 sites during the quarter
- Education and meaningful conversation occurred with approximately 300 individuals were educated on DWIHN services and provided information
- 4 individuals were screened, including 1 on-site
- 1 individual reconnected to their CRSP

FY 20/21 Q4 Accomplishments

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Crisis Services 4th Quarter: July-September 2021

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Plans for FY 21/22 Q1

- Work with inpatient facilities to address barriers to placement
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- Finalize recommendations from the Steering Committee to reduce psychiatric inpatient and recidivism.
- Orientation and training of new Crisis Director



October 13, 2021

Strategic Plan - Access Pillar

PCC Status Report

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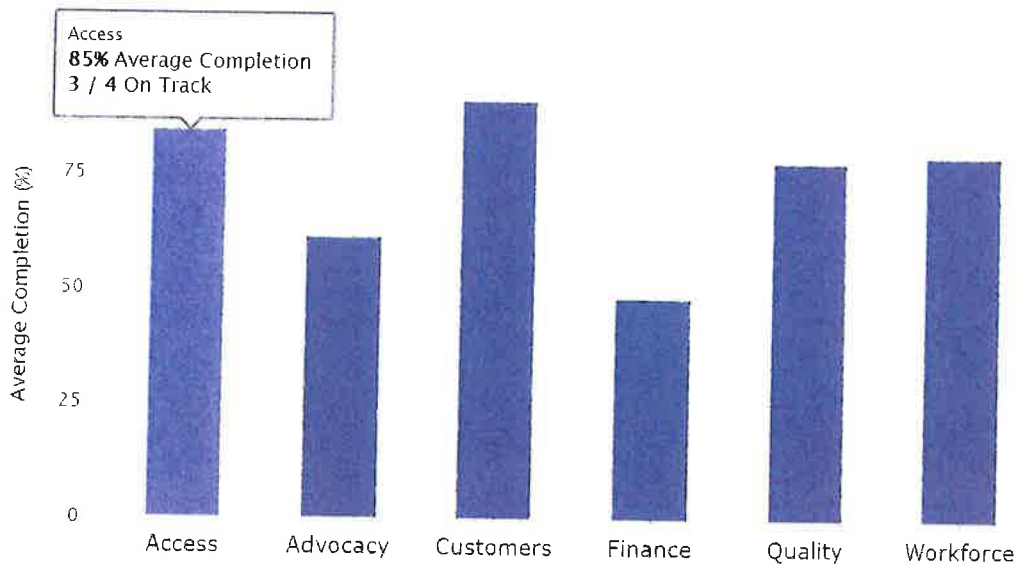
To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Customer, Access and Quality pillars and impact the areas that matter most to our stakeholders.

Pillar Summary

 DWIHN FY 2020 - 2022 Strategic Plan Pillar



There are three (3) pillars that are under the governance of the Program Compliance Committee: Customer, Access and Quality.

Summary of Pillar Status

Quality is under the leadership of April Siebert. Overall, we are at 79% completion on this pillar. There are four (4) high level organizational goals under this pillar. They range from 60% - 95% completion.

QUALITY

Title	Completion
Ensure consistent Quality by 30th Sep 2022	60%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 100% by 31st Dec 2021	85%
Improve population health outcomes by 30th Sep 2022	78%

Customer is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 92% completion on this pillar. The three (3) high-level goals range from 82% to 97%.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	82%
Ensure Inclusion and Choice for members by 30th Sep 2021	97%
Improve person's experience of care and health outcomes by 30th Sep 2022	87%

Access Pillar

Access is under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 85% completion on this pillar. There are four (4) high-level goals. They range from 76% - 98% completion.

Access

85%

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 30th Sep 2022	76%
Create Integrated Continuum of Care for Youth by 30th Sep 2022	86%
Establish an effective crisis response system by 30th Sep 2022	79%
Implement Justice Involved Continuum of Care by 30th Sep 2020	98%

A detailed report of this pillar will follow.

Access Pillar
Detailed Dashboard
Program Compliance Committee Meeting

October 13, 2021



16
GOALS

85%
GOAL COMPLETION

- Draft
 - Not started
 - Behind
 - On Track
 - Nearly There
 - Overdue
 - Complete
- Direct Alignment →→ Indirect Alignment

DWHN FY 2020 - 2022 STRATEGIC PLAN PLAN

ACCESS

Goal	Details	Due Date	Owner	Co-owne...	Task	Update	Current ...
<p>→ Create infrastructure to support a holistic care delivery system (full array)</p> <p>→ Create a satellite network: 100%</p>	<p>Providing services to people directly in our communities - DWHN to ensure each FY that there is adequate Providers contracted to meet needs across all of Wayne County.</p>	09/30/2022	Manny Singla				<p>76% 2% ahead</p>
		12/31/2022	Manny Singla		<p>NEW Manny Singla: Expanded the service array by implementing Clinical programs including <i>Certified Community Behavioral Health Clinic (CCBHC)</i>, Opioid Health Homes that will extend Access , Care coordination. We have also enabled partnership with multiple Health plans to ensure care coordination and holistic care models covering both physical and behavioral health services can be provided . As part of this rollout we also enabled a care coordination platform to avoid data duplication and certified HEDIS measures as part of measuring quality of services.</p>		<p>85% 85 / 100% 15% behind</p>

10/08/2021

<p>→ Ensure all Providers receive 80% or greater on Risk Assessment/Score Card for FY 23: 100%</p> <p>Annually, each Provider will be scored using the Risk Management Assessment tool to assess overall strengths and areas needing improvement. This data will be tracked in a dashboard and then pull that score into Cascade "by Provider Type" to track overall organizational health.</p>	<p>09/30/2022</p> <p>June White</p> <p>Manny Singla</p>	<p>NEW Manny Singla: We rolled out the Risk matrix to the whole Behavioral Health CRSP network to enable Access and effectiveness of the network. This allows the providers to share data and at the same time do self assessment in terms of where they stand compared to their peers and areas they excel and where they can improve.</p> <p>10/08/2021</p>	<p>66% 66 / 100% 31% behind</p>
<p>Create Integrated Continuum of Care for Youth</p>	<p>09/30/2022</p>	<p>NEW Cassandra Phipps: Progress is noted regarding the coordination of care with children in Wayne County. This is evidenced by developing a School Success Initiative Referral Flowchart and improving the School Success Initiative Referral Form in MHWIN. In addition, within the last 90 days the Children's Initiative Department developed a Case Consultation spreadsheet to track coordination between Providers, Parents, and other Professionals. Children's Initiative Department also increased outreach efforts in the community to explain about children services.</p> <p>10/07/2021</p>	<p>86%</p>
<p>→ Deliver Integrated model of Care of Care for Children: 100%</p>	<p>09/30/2020</p> <p>Cassandra Phipps</p> <p>Shama Faheem</p>	<p>Although the authority was not awarded the InCK Grant from CMS in December 2019, working towards the components that help coordinate care for Children still is a priority.</p> <p>There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.</p>	<p>82% 81.84 / 100% 18% behind</p>
<p>→ Ensure anyone in Wayne County can access crisis services</p>	<p>09/30/2022</p> <p>Jacquelyn Davis</p>	<p>Jacquelyn Davis: There are Adult and Children's Mobile Crisis Providers. There are now 2 Crisis Stabilization Units, one in Livonia and the other recently established in Detroit. April 2020 we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits.</p> <p>05/06/2020</p>	<p>75% 8% ahead</p>



Manny Singla:
All CRSP providers are now on the HIE platform
09/30/2020

NEW Jacquelyn Davis:
The Woodward site is no longer an option for the Crisis Assessment Center due to opposition from the community. DWIHN is presenting plan B to establish 707 Milwaukee at the new site for these services. Upon Board Approval the next steps are to engage community stakeholders and obtain approval from the Board Zoning committee.
10/06/2021

NEW Nasr Doss:
On March 2021 DWIHN upgraded its Firewall and VPN to a speed of 1Gig. The upgrade allows better access to staff from home to mission critical applications like the data warehouse, accounting system and shared network drives.
04/23/2021

Jacquelyn Davis:
There are Adult and Children's Mobile Crisis Providers. There are now 2 Crisis Stabilization Units, one in Livonia and the other recently established in Detroit. April 2020 we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits.
05/06/2020

NEW Jacquelyn Davis:
DWIHN has added 12 Diversion beds to the network and there are 2 pending. The Residential Unit has secured 18 Out of home Respite beds for Adults.
08/05/2021

Will help facilitate NCQA CC 1
09/30/2020
Manny Singla

09/30/2022

12/31/2021

09/30/2022
Jacquelyn Davis

09/30/2022
Jacquelyn Davis

09/30/2022
Jacquelyn Davis

Establish means to enable interoperability using Health Information Exchange to share care plans across providers: 100

Establish an effective crisis response system

Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations: 100%

Ensure anyone in Wayne County can access crisis services

There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.

Implement Crisis Project Plan: 100%

Ensure individuals are placed in the least restrictive environment

Implement Justice Involved Continuum of Care

Conduct gap-analysis of the Sequential Intercept Model

Implement improvements to existing programming

Implement new programs within the Sequential Intercept Model

Based on Gap-Analysis and the identified opportunities for improvement implement any necessary improvements to existing process

Based on the gap-analysis, new programs may need to be developed.

- 1. Adult
- 2. Juvenile

06/28/2019

Ebony Reynolds

Andrea Smith

09/30/2020

Ebony Reynolds

Andrea Smith

09/30/2020

Julie Black

Brooke Blackwell
Ebony Reynolds

Andrea Smith:
The Wayne County Jail Diversion Council met December 2020 to review each intercept on the model.

01/19/2021

NEW Andrea Smith:

A team has been reviewing supplemental training to identify gaps that would allow the recommendation and addition of new educational topics.

10/04/2021

Julie Black:

In upcoming fiscal year 20-21, three new programs will be implemented for Jail Diversion. Central City Integrated Health will develop and provide programming for the Detroit Homeless Outreach pilot in collaboration with law enforcement. This collaboration is between the City of Detroit, homeless outreach providers and behavioral health providers with the goal of getting the homeless off of the street utilizing available resources, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD). Northeast Integrated Health and Team Wellness are collaborating with the Detroit Police Department to pilot a Detroit Co-Response Team. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Police and behavioral health specialists are being trained on the CIT model. Each provider will participate in the collaborative process including monthly team meetings with DWIHN.

10/02/2020

100%

95%
5% behind

100%

Executive Summary:

The Quality Assurance Performance Improvement Plan (QAPIP) report serves to provide the Program Compliance Committee (PCC) Board with an update on how DWIHN is performing against the goals and objectives established in the QAPIP Work Plan for Fiscal Year 2020/2021. The report contains an analysis and evaluation of performance measures from the work plan that are used to improve access/timeliness for services, efficiency and outcomes for the people we serve.

Goal II – Access Pillar

Michigan Mission Based Performance Indicators (MMBPI)

The 3rd Quarter Performance Indicator data was submitted to the Michigan Department of Health and Human Services (MDHHS) on September 30, 2021.

Activity Description

The Michigan Department of Health and Human Services (MDHHS) delegates the collection and reporting of performance indicators to the PIHP as defined in the Michigan Mission Based Performance Indicator System (MMBPIS). The performance indicators have been selected to measure dimensions of quality that include access/timeliness for services, efficiency and outcomes. There are five (5) indicators that have been established by MDHHS that are the responsibility of the PIHP to collect data and submit on a quarterly basis. The established standards for indicators #1 and #4 are 95% or above and the standard for indicator #10 is 15% or less. Indicators #2 (The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service) and #3 (The percentage of new persons during the Period starting any medically necessary on-going service within 14 days of completing a non-emergent biopsychosocial assessment) are new indicators in which there are no exceptions. No established standard for indicators #2 and #3 has been by MDHHS.

Quantitative Analysis and Trending of Measures

DWIHN did not meet the required MDHHS standards for two (2) overall indicators during 3rd Quarter 2021. The indicators that were not met include indicator #1 *“The percentage of persons of adults during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours”* (Adult- **93.58%**), standard is 95% or above. The other indicator that was not met was #10 *“The percentage of readmissions of adults during the quarter to an inpatient psychiatric unit within 30 days of discharge”* (Adult- **17.03%**), standard is 15% or less. In addition, PI#4a *“The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days”* of children did not meet the 95% standard this quarter (Children **91.23%**).

The chart below represents a comparison of reporting rates from FY2020 through FY2021 for the aforementioned indicators.

Performance Indicators	Population	FY20Q1	FY20Q2	FY20Q3	FY20Q4	FY21Q1	FY21Q2	FY21Q3
Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard)	Children	98.47%	98.71%	98.69%	99.32%	99.41%	99.56%	98.51%
	Adults	96.48%	94.73%	95.80%	95.25%	95.04%	92.74%	93.58%
Indicator 4a: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95%)	Children	93.06%	86.08%	96.43%	96.83%	92.75%	94.83%	91.23%
	Adults	95.99%	94.92%	97.12%	97.22%	97.52%	95.99%	96.06%
	SUD	94.00%	97.14%	98.38%	98.61%	100.00%	99.47%	99.57%
Indicator 10a: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (<15% Standard)	Children	10.91%	9.09%	8.09%	11.11%	8.94%	12.03%	6.76%
	Adults	20.41%	22.00%	20.83%	16.60%	17.94%	17.34%	17.03%

Quarter 3 Data Analysis

- ✦ PI#1 –The adult rate was 93.58%, an increase of 0.84 percentage points from Quarter 2
- ✦ PI#1's – The overall rate was 94.49%, an increase of 0.41 percentage points from Quarter 2.
- ✦ PI#4a's – The child rate was 91.23%, a decrease of 3.60 percentage points from Quarter 2
- ✦ PI#10 – The adult rate was 17.03%, a decrease of 0.31 percentage point from Quarter 2.
- ✦ PI#10's – The overall rate was 16.23%, a decrease of 0.74 percentage points from Quarter 2.

Evaluation of Effectiveness

For Q2 and Q3, PI #1 (Adults) did not meet the 95% compliance standard. Efforts for PI#1 (Adults) include DWIHN's Access/Crisis team monitoring COPE documentation in MH-WIN for cases that are not meeting the three (3) hour threshold. The Access/Crisis team will submit cases that were non-compliant to COPE for review, corrective action plans and follow-up. COPE will be also required to submit monthly reports to DWIHN's Access/Crisis unit for cases that do not meet the three (3) hour disposition standard. COPE leadership has had several meetings with DWIHN staff to improve the rates. There was a slight increase of .84 percentage points from Q2 to Q3.

PI#4a for children did not meet the 95% standard during this quarter. Five (5) out of compliance events led this rate to dip below 95%. After further examination, three (3) follow-up appointments were scheduled in error with a provider not accepting new members. One (1) IDD provider reported that a member should have been scheduled with a SED provider. The last event was scheduled outside of the 7-day period but with no explanation. Performance Improvement Plans and discussions with DWIHN's Access Center will be completed as a result of these out of compliance events.

Ongoing efforts and interventions for PI # 10 (Adults) include the ongoing meetings with the internal Recidivism workgroup (led by the QI team) and the External Recidivism Workgroup, which includes our CRSP providers (led by DWIHN Crisis/Access team). These noted efforts has continued to demonstrate a decrease with the adult recidivism rate from 20.83% during Q3 in FY20 to 17.03% for Quarter 3 of FY21.

Beginning Q3 of FY 2020, separate indicators were developed for new persons receiving a completed Biopsychosocial Assessment within 14 calendar days of a non-emergency request for service and/or SUD Services. There are no exceptions for indicators 2a or 2b. No standard/benchmark for first year of implementation has been set by MDHHS. Also, beginning Q3 of FY 2020, a separate indicator was developed for new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent Biopsychosocial Assessment. There are no exceptions for indicator 3. No standard/benchmark for first year of implementation has been set by MDHHS.

DWIHN continued to meet the standards for #1 (Children), #4b and #10 (Children). DWIHN has developed a workplan to address areas of deficiency to increase the reported scores for PI#2 (The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service). These efforts improved the rates to 47.95% during Q3 from 36.8% during Q2. Efforts will continue to include working with DWIHN's Access Center unit, IT and PCE to review and identify barriers from scheduling the first appointment to completing the biopsychosocial assessment within 14 calendars.

Barrier Analysis

For Q2 and Q3 DWIHN has failed to meet the threshold (95%) for PI# 1. DWIHN's Access/Crisis team has been working with COPE to review and request Corrective Action Plans (CAP) and Root Cause Analysis (RCA) as required. During the COVID-19 pandemic, COPE has expressed issues with being understaffed, which has attributed to the lower compliance scores. Several meetings have occurred with COPE and DWIHN and there was a slight increase from Q2 to Q3. DWIHN is optimistic with the interventions and initiatives that have been implemented that Q4 reporting data will improve to meet the threshold of 95% as required.

PI#2a continues to demonstrate low scores. Providers are reporting a staffing shortage of intake workers due to the pandemic. Appointment meetings with DWIHN's clinical team, the Access Center, Quality and providers' executive leadership have been occurring in the last month to discuss solutions.

DWIHN continues not to meet the threshold of (15%) or less for Indicator #10 (Adult Recidivism). Efforts to decrease hospital admissions and readmissions have continued to be a challenge. DWIHN seeks to reduce psychiatric inpatient admissions and provide safe, timely, appropriate and high-quality treatment alternatives while still ensuring members receive the appropriate required care. DWIHN continues its efforts to expand the comprehensive continuum of crisis services, supports, and improve care delivery. Rates continue to decrease slightly from quarter to quarter. Q3 2021 overall rate of 16.23% is the second lowest rate in the last 2 years.

Opportunities for Improvement

DWIHN has identified the following interventions and improvement efforts:

- Engaged and collaborated with members' outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
- Charted alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
- Properly navigated and diverted members to the appropriate type of service and level of care.
- Provided volunteer referrals to Complex Case Management for members with high behavioral needs.
- Implemented the Recidivism Task Force to:
 - ✦ Identify Familiar Faces and CRSP responsibility
 - ✦ Create a plan to address the needs of persons served
 - ✦ Chart alerts developed in MH-WIN
- Coordinated and collaborated with DWIHN's crisis screeners on measures to decrease inpatient admissions

- Access/Crisis team is meeting with COPE for review and analysis of cases that are not meeting the three-hour disposition threshold (Adults).

Goal VII - Compliance with Applicable Standards

Health Services Advisory Group (HSAG) Activities

The PIHP is subject to external reviews through HSAG to ensure compliance with all regulatory requirements in accordance with the contractual requirements with MDHHS. All findings that require opportunities for improvement are incorporated into the QAPIP Work Plan for the following year.

Performance Measurement Validation (PMV) - The validation of performance measures is one of the mandatory external quality review activities that the Balanced Budget Act requires state Medicaid agencies to perform. The purpose of the PMV is to validate the data collection and reporting processes used to calculate the performance measure rates. The 2021 PMV review was held on June 16th, 2021. The purpose of performance measure validation review is to assess the accuracy of performance indicators reported by DWIHN and to determine the extent to which performance indicators reported by DWIHN's follow state and federal specifications and reporting requirements. HSAG validated a set of performance indicators that are developed and selected by MDHHS for validation. The reporting cycle and measurement period was first quarter October 1, 2020 through December 31, 2020. DWIHN met all the reportable standards. No plan of correction required. As we continue to strive for Continuous Quality Improvement, HSAG identified opportunities for improvement.

- Ensure we are capturing member detail from providers regarding indicator #1, member interactions, documenting follow-up requests with members and denoting ant circumstances that cause services to be out of compliance.
- Improve the percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

Performance Improvement Project (PIP) Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using an Antipsychotic Medication: The purpose of the PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time. DWIHN's PIP was submitted to HSAG on June 28th, 2021. For FY 2020 validation, DWIHN continued their MDHHS-mandated QIP topic reporting Remeasurement 2 study indicator outcomes. The QIP topic *Improving Diabetes Screening for People with Schizophrenia who are using an Antipsychotic Medication*. This PIP has the potential to improve the health of members by increasing the percentage of diabetes screening completed for the eligible population. DWIHN's PIP reporting remeasurement 2 was submitted to HSAG on June 28th, 2021. HSAG provided initial validation findings on July 19, 2021. All matters were adequately remediated with the exception of the goal representing a statistically significant increase over the baseline performance. DWIHN currently awaits final comments regarding the acceptance of the submission.

Compliance Review: The Compliance review commenced a new three-year cycle of compliance reviews. The review focused on standards identified in 42 CFR and state contract requirements. The compliance review consists of 13 program areas. For FY 2021, HSAG reviewed (6) of the 13 standards, the remaining seven (7) standards will be reviewed next year FY 2022. DWIHN is in receipt of the preliminary findings, we demonstrated compliance in 50 of 65 standards, with an overall compliance score of 77 percent. Below are the overall percentage of compliance scores across all six standards.

	Standards Reviewed	Number of Standards	Met	Not Met	Total Compliance Score
I	Member Rights and Member Information	19	16	3	84%
II	Emergency and Post stabilization	10	10		100%
III	Availability of Services	7	6	1	86%
IV	Assurances of Adequate Capacity and Services	4	0	4	0%
V	Coordination and Continuity of Care	14	11	3	79%
VI	Coverage and Authorization of Service	11	7	4	64%
	Total	65	50	15	77%

DWIHN is required to submit a CAP for any standards that scored a *Not Met*. The Quality unit will conduct internal audits of each deficient program requirement to ensure the plans of action are successfully implemented and the deficient has been remediated. DWIHN final scores will be based on how well we remediated the identified deficiencies during the three-year cycle of compliance reviews.

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COVID-19 RESPONSE PLAN:

DWIHN's Covid-19 Response Plan includes maintaining and creating an infrastructure to support a holistic care delivery system, with access to a full array of services. Planning will continue for COVID-19 to ensure access, placement and specialized programs for individuals served by DWIHN.

COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION

	# of Inpatient Hospitalizations	COVID-19 Positive
July 2021	685	0
August 2021	592	2
Sept. 2021	623	1

Inpatient Hospital Admission Authorization data as of 9/30/2021. Hospitalization data showed a 5% increase in admissions in September.

COVID-19 INTENSIVE CRISIS STABILIZATION SERVICES - Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.

Crisis Stabilization Service Provider	Services	September 2021- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	283 (August- 220)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	151 (August- 154)

*There was an approximate 16% increase in crisis stabilization services provided in September 2021 (compared to August 2021).

COVID -19 URGENT BEHAVIORAL HEALTH URGENT CARE SITES

Effective April 3, 2020, providers listed below began offering Urgent Behavioral Health Care Service. The available services include Same-Day Access Services for assessment/intake, crisis services for existing DWIHN members, psychiatric evaluations, medication reviews, crisis stabilization, Peer Support Specialists, nursing assessments, medication injections, and non-ER transport.

Provider	Population	Hours of Operations	# Served September 2021
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	7 Adults (2 in August)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am-1pm	14 Adults (13 in August)
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	24 Youth (9 in August)

*There was 96% increase (24 to 47) in overall utilization of Urgent Behavioral Health Urgent Care Services in September 2021 (compared to August 2021).

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COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES

These individuals must be receiving outpatient services from a licensed SUD provider in DWIHN's network via telehealth or telephone communications. The providers may provide up to 14 days for this specific recovery housing service for individuals who are exhibiting COVID-19 symptoms and/or tested for COVID-19 and positive.

Provider	# Beds	# Served- September 2021
Quality Behavioral Health (QBH)	36	1 (August- 0)
Detroit Rescue Mission Ministries (DRMM)	86	6 (August- 3)

COVID-19 PRE-PLACEMENT HOUSING - Pre-Placement Housing provides Detroit Wayne Integrated Health (DWIHN) consumers with immediate and comprehensive housing and supportive services to individuals who meet DWIHN admission criteria and eligibility. Pre-Placement Housing provides funding to residential providers contracted to provide short-term housing for a maximum stay of 14- days, meals, transportation and supportive services that promote stable housing and increase self-sufficiency. Due to the COVID-19 emergency, DWIHN Credentialing Department provisionally impaneled the following residential providers, to provide services for those persons identified as COVID-19 positive or symptomatic (mild to moderate).

Provider	Services	# Beds	August 2021- # Served	September 2021 - # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	0	0
Novis-Romulus	Licensed Residential Home- Adults	3	0	0
Kinloch	Licensed Residential Home- Adults	3	0	0
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	0	0
Angel Patience	Licensed Residential Home- Adults	3	0	0

RESIDENTIAL DEPARTMENT- COVID-19 Impact:

	Cumulative (Dates 3/30/20 to 9/30/2021)
Total # COVID-19 Persons in Residential Placement	342
# of Deaths Reported	40

- 1 reported case of Covid-19 in July and one reported case in August (correction from previous report)
- 0 new positive Covid-19 positive members in September 2021, and 0 reported deaths

VACCINATIONS- DCW Staff:

Licensed Facilities No. Staff Vaccinated:	1,437
Unlicensed Facilities No. Staff Vaccinated:	1,001

VACCINATIONS- LICENSED RESIDENTIAL HOMES:

Residential COVID-19 Vaccinations	City of Detroit	Wayne County
# of Residential Members	731	1,361
# of Residential Members Fully Vaccinated (2 doses)	649 (88.7%)	1243 (91.3%)

A combined total of 90.4% of members in licensed settings have been fully vaccinated (.4 increase)

VACCINATIONS- UNLICENSED HOMES:

Unlicensed Homes: COVID-19 Vaccinations	City of Detroit	Wayne County
# of Members	152	993
# of Members Fully Vaccinated (2 doses)	93 (61.1%)	678 (68.2%)

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
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Health Department Vaccination Education Initiative:

The DWIHN Residential team has identified licensed and unlicensed residential homes that have shown a lower number of individuals being vaccinated and has partnered with The City of Detroit Health Department to provide in home covid-19 vaccination education.

- 9 homes have received the education and 3 are scheduled to receive this service.
- 38 members were educated and 9 agreed to get the vaccination and scheduled appointments.
- 25 DCW staff received this educational service. No one agreed to vaccination.
- All providers had only positive remarks about the DHD and commended them on their positive interactions with our members.

ADDITIONAL HIGHLIGHTS:

- There was a significant increase of DCW Staff report receiving the vaccination since July (+116 in licensed facilities; +97 in unlicensed facilities).
- 22 members are now fully vaccinated after initially declining the vaccination (since last report).

COVID-19 MICHIGAN DATA:

Michigan COVID-19 Cases: October 5, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 1,039,337 with 21,139 confirmed deaths. Wayne County reported 116,662 confirmed Covid cases and 2,720 deaths. The City of Detroit reported 57,608 confirmed Covid cases with 2,393 deaths. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	68.3%	58.2%
Wayne County	71.1%	65.5%
City of Detroit	45.7%	37.9%

Clinical Initiative Updates:

- **Behavioral Health Home (BHH):** This model focuses on care coordination and health education for Medicaid recipients that have an eligible diagnosis, to ensure persons have both their physical and behavioral healthcare needs met. MDHHS recently updated their timeline indicating that this model may be rolled out as early as April 2022. DWIHN continues to meet with MDHHS bi-weekly on this initiative. DWIHN met with identified Health Home Partners (HHPs) to review expectations and requirements of the model. DWIHN also sent out certification applications to the HHPs for completion and review. DWIHN is working with the National Council to provide Case to Care Management training for our identified partners through October and November 2021.
- **Opioid Health Home (OHH):** This model is similar to the Behavioral Health Home model and focuses on healthcare integration for persons diagnosed with Opioid Use disorder. DWIHN began this model as a pilot project in March of 2021 with SOR funds. On 10/1/2021 OHH started full implementation and is now a Medicaid funded service. There are currently 153 members enrolled in the OHH model. This is an increase of 16 individuals since last report (Sept. 2021). DWIHN continues to work with Vital Data to ensure outcomes measures can be continuously reviewed and monitored for effectiveness in this program.

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- **Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):** A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, formal coordination with health care providers, care manage, linkage to social services, and educational services, criminal justice/law enforcement, and veterans' services. It is funded utilizing a prospective payment model. There are 14 designated CCBHC site in the State of Michigan. The Guidance Center is the designated CCBHC site for Region 7. This model launched on 10/1/2021 and DWIHN works with the CCBHC provider on enrollment, disenrollment, monitoring outcomes/performance, and funding.

- **Certified Community Behavioral Health Clinic- SAMHSA Expansion Grant:** This SAMSHA grant provides funds directly to organizations that self-certify that they meet all of the CCBHC requirements. This funding is provided to expand current services and increase individuals access to care. DWIHN is currently working on this expansion grant opportunity to provide additional CCBHC services to individuals we support. It is anticipated that this grant initiative, if awarded, will be implemented Summer 2022.



CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, September 8, 2021

CHILDREN'S INITIATIVES – Director, Cassandra Phipps



School Success Initiative (SSI)

The Children's Initiative Department (CID) held meeting with SSI Providers this month and discussed highlights and goals for the upcoming school year. CID finalized the budget allocations for the 11 SSI Providers and plan to submit the board action for Oct 2021 Program Compliance Board Meeting. Although there was a decrease in the amount of schools due to low participation during Covid; the total amount of schools for the SSI Program increased from 63 schools to 71 schools total for FY 2022. CID provided an update at Managed Care Operations Meeting this month for the direction of the SSI Program. CID coordinated with DWIHN Access Department and finalized the referral process for the SSI referrals. IT Department added the Comment Box to the referral page in MHWIN. IT Department also added the School Success Initiative category to the MHWIN calendar. CID met with the Detroit Public School District (DPSCD) to ensure there was no overlap in funding for the SSI Program. Also discussed the school surveys and decided to do two separate school surveys (New School Request vs. Current School Needs). CID coordinated with Beaumont Teen Health Clinic and Henry Ford Teen Health Clinic. Plan to have bi monthly meeting with all 3 Teen Health Clinics to discuss continuity and coordination of care. CID continues to attend outreach events and activities to advertise and explain about the School Success Initiative Program. **Program Compliance Committee Question:** Are Pre-K children being serviced? **Response:** Yes, 5-Pre-K schools are apart of the School Success Initiative provided by four of the Children Providers. CID met with Wayne RESA on 10/4/21 regarding plans to purchase the Michigan Model of Health curriculum for Pre-K grade levels as well. In addition to SSI, nine Children Providers provide Infant Mental Health services (ages 0-6) and Early Childhood Services (ages 4yrs-6yrs) within Wayne County as well.

Outreach

Program Compliance Committee Question: Are outreach activities done in person? **Response:** Yes, CID started doing a combination of in-person and virtual events and activities during the summer, and following social distancing guidelines. The Children's Initiative Department attended the following Outreach Activities this month:

- Leland MBC Women's Conference
- St. Matthews Episcopal Community Event
- Presented at SisterFriends Resource Day and explained about Children Services
- Attended St. Jesuit Suicide Prevention event and shared Children Services
- Attended The Children's Center Demystifying Suicide event at the Pistons and shared Children Services

Youth United

Youth MOVE Detroit hosted a bowling fundraiser at the Garden Bowl in Detroit and raised \$300 for Youth MOVE Detroit. An ipad was given to 1 guest. Also completed 15 surveys regarding what youth are interested in for socialization activities. Youth United hosted a virtual Stigma Busting Workshop with

Detroit PAL. Youth United hosted the Annual Youth Spotlight Awards. (The award categories were youth peer support, youth advocate, change maker, leadership, advocacy, perseverance, volunteerism, adult youth champion). Youth United hosted a virtual Courageous Conversation on the topic of “Strategies on How to De-escalate Social Media Conflicts”.

Children’s Payment / Incentive Model

CID and Finance Department finalized the Payment / Incentive Model for Children’s Providers for FY 2022. Plan to present the model to the 11 Children Providers that provide a full array of services in Oct 2021.

The Board

Quarterly Report: CID presented the quarterly report at Program Compliance Board Meeting and Full Board Meeting.

Board Actions: The System of Care Block Grant for FY 2022 of \$ \$1,043,582 was presented and approved by the Program Compliance Committee and Full Board this month (BA # 22-15). The Infant Early Childhood Mental Health Consultation Grant for FY 2022 of \$163,348 was presented and approved by the Program Compliance Committee and Full Board this month (BA # 22-20).

Provider Capacity

CID reviewed the baseline data for Children Providers who informed they were reaching maximum capacity and or exceeded maximum capacity to provide services. During Children System of Transformation (CST) meeting this month CID shared the MDHHS Memo from 2020 indicating the maximum caseload for Home Based services increased to a maximum of 15 primary cases from 12 primary cases.

Trainings

CID provided the following clinical trainings this month:	CID staff attended the following trainings this month:
<ul style="list-style-type: none"> ● Implementing Treatment for Youth with Co-Occurring Issues ● Video Game and Gaming Addiction in Youth ● R.A.G.E: (Radical Acceptance, Growth, and Ethical Engagement) Towards Social Justice ● Addressing Asian American Health Disparities 	<ul style="list-style-type: none"> ● 22nd Annual Substance Use Conference ● MDHHS Trauma State Conference ● Infant Mental Health Reflective Supervision Conference

Evidenced Based Practices (EBP) via MDHHS:

- **Trauma Focused Cognitive Behavioral Therapy (TFCBT):** Cohort 28
- **Child Parent Psychotherapy (CPP):** Cohort 3
- **Caregiver Education:** Cohort 28
- **Dialectical Behavioral Therapy (DBT):** Cohort 3
- **Parent Management Training Oregon (PMTO):**
- **Youth Peer Support (YPS):** Cohort 20

- **Parent Support Partner (PSP):**
 - Southwest Solutions and Family Alliance for Change are developing a PSP Manual for Wayne County Providers.
 - 4th Parent Forum in collaboration with Assured Family Services and the Detroit Health Department titled, “Return to In-Person Learning and COVID Updates”.

System of Care Collaboratives

The following Collaboratives / Partnerships met this month:

- Children System Administrative Forum (Received MDHHS Updates for Children Programs)
- Bi-Annual Cornerstone Group Facilitators Roundtable
- Wayne County Baby Court meeting (1 new Baby Court Referral)
- Children System Transformation (Shared MDHHS updates, EBP, COFR Guidelines, Provider Capacity, SWOT Analysis)
- Behavioral Health Learning Collaborative (Provided 2 DWIHN videos to share on BH Works website for mental health screenings).
- Home Based / Wrap Around Meetings

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Assertive Community Treatment (ACT)

CPI Monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, Northeast Integrated Health, Hegira, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center including the appropriateness of the level of care determinations and technical assistance ensure program eligibility requirements were met.

The CPI team conducted remote desk top ACT fidelity reviews for all nine (9) ACT providers. Total scores for the fidelity review are still being completed and finance will receive the final scores by October 1 to determine if any providers will receive the annual financial incentive.

The CPI manager facilitated a monthly update meeting with Genoa/Med Drop manager. Things discussed were the total number of clients that are in the program, referrals received, Med Drop intakes completed.

During the month of September, the CPI manager attended the Hospital Liaison Meeting facilitated by COPE and DWIHN Crisis department. CPI manager also attended the internal Hospital Recidivism workgroup facilitated by the Quality department.

CPI manager facilitated the monthly ACT forum, where topics such as performing the PAR (Face to Face or via Telehealth) was discussed. Jaquelyn Davis- DWIHN Crisis Director discussed completing the PAR within the 2-hour time frame and how we are measured by MDHHS, and Jennifer Miller (DWIHN) discussed the Indicia module. CPI manager also participated in the bi-weekly COPE meeting to discuss ACT PAR issues with completing them within the 2-hour time frame.

CPI manager facilitated monthly follow-up meetings with DWIHN pilot program providers for Med Drop: Community Care Services, Lincoln Behavior Services, Northeast Integrated Health network/CNS, All Well Being Services, Hegira, Development Centers, and DWIHN internal CIO and DWIHN-CO. Topics discussed were ways to increase admissions rates, talking points, and recommendations for providers with regards to presenting the program to members. All providers also discussed any strengths and or weakness with implementing the program in their agency. This meeting was also recommend adding members that are currently on the recidivism list to the Med Drop program to decrease readmission to inpatient settings

CPI manager facilitated the quarterly Behavioral Health Learning Collaborative (BHLC) meetings with DWIHN network providers. Topics discussed were supplemental trainings presented by Diane W, Direct Care Worker Trainings presented by Robert C, Jail Population presented by Julie B, Quarterly Hospital Incentive presented by Steve Z (DWIHN) and Hospital Recidivism List presented by Justin Z.

DWIHN-CPI Policy Review

- Provided additional revisions to the Integrated Bio-Psychosocial Procedure to ensure elements associated with the NCQA performance measure for behavioral health screening are addressed.

DWIHN Workforce Development Project

- Reviewed DWIHN's workforce training requirements and their source for a QMHP, QIDP, etc., consequences for staff non-compliance with training completion as well as explored the training needs of a Certified Community Behavioral Health Clinic (CCBHC) for Adults and Children in preparation for DWIHN's transition to possible CCBHC status.

Project – WC Jail – IST – Probate Court – Returning Citizens

As of August 31 – September 26 there were 91 releases from the jail. An introductory meeting was held with DWIHN Quality and Clinical department along with Wayne County Jails and the new provider NaphCare. The most recent quality review was shared and the outcomes were addressed in hope to capture improved outcomes next fiscal year. Clinician discussed important data capturing elements that DWIHN would like to measure for this fiscal year which include: assessments; discharge planning; and linkages to providers for inmates who are in MHWIN and listed without a provider. Clinician sent a copy of the updated quarterly report with a timeframe for submission monthly that will include a report on services provided. Clinician requested a copy of current assessment tools used by NaphCare for DWIHN records.

With regard to the IST groupwork: Instead of using the incompetent to stand trial (IST) process for misdemeanants, persons would be assessed for their need for treatment under chapter 4 of the Mental Health Code. The goal of this process is to promote recovery and reduce recidivism, homelessness, and poverty.

Project - Jail Diversion/ ACT Reviews/AOT Orders

The AOT process began with collaboration from several other DWIHN departments. This collaboration is in continued development so that individuals who need coordination and support will be linked to services and receive the treatment they need.

Mental Health Court graduated three participants. Each participant who graduated was employed. The program ran 168 drug tests; out of those the negative test rate was 87%. A Med Drop meeting was held with Third Circuit/Mental Health Court. The Mental Health Program has decided to use Med Drop with the program participants effective immediately.

Clinician participated on the ACT reviews with Hegira; AWBS; and DCI. From staff interviews, most reported overall satisfaction with some minor barriers in communication which will be resolved provider level.

Evidence Based Supported Employment

To address the statewide staffing shortage which has impacted practically every industry, MDHHS established a workgroup to explore current working conditions of the workforce and create recommended solutions, i.e. lightening the work load and efficiencies as well as constructing new marketing and training strategies with a plan for statewide implementation. A monthly meeting was held with EBSE supervisors which involved a focused discussion on how to retain employment specialists once hired, including (what’s working and what’s not) with recommendations. With regard to EBSE Staffing Challenges, a continued discussion occurred where providers offered additional recommendations to remedy the workforce shortage, which will be presented to the workgroup established by MDHHS to address the current statewide worker shortage problem.

DWIHN’s EBSE program manager met with the EBSE supervisor of CNS and the employment specialist of Northeast Integrated Health (NIH)/CNS to establish a seamless process for quarterly reporting to DWIHN as a result of NIH’s merger with CNS. DWIHN and CNS agreed to meet on a periodic basis going forward to ensure the continued success of NIH/CNS’s EBSE program.

A quarterly MDHHS EBSE competitive employment (virtual) meeting was held for EBSE service providers. The following topic areas were discussed: 1) Premium Pay for Direct Care Workers- current premium pay for direct care staff will remain in effect until further direction is provided by MDHHS 2) EBSE/IPS Billing Code and Modifier: the (Y5) modifier will replace the (TG) modifier for evidence based supported employment/individual placement support services. (H2023-Y5) effective 10/1/2021 and, a potential billing code of H2025 for job development will be created for use starting FY 2023. DWIHN’s EBSE providers were instructed to review the provider section of DWIHN’s website for further information and instruction, and also informed their questions related to codes/modifiers can be emailed to MDHHS’s provider qualification email.

CRISIS SERVICES – Clinical Officer, Jacquelyn Davis

Below is the monthly data for Crisis Services for adults and children. The report includes Request for Service (RFS) data from August for children and adults that was not available at time of report for last month.

Children’s Crisis Services

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
August	229	193	66	29%	159	69%	174
September	231	209	58	25%	169	73%	136

- Request for Service (RFS) for children increased by 26% the month of August as reported in July. There was a slight increase of 3 cases from August to September. The diversion rate increased slightly for August and September.
- There were 174 crisis stabilization cases receiving services for the month of August, a 50% increase from July. Of the 174 cases there were 76 initial screenings. For the month of September there was a 22% decrease in cases, with 50 initial screenings.
- There was a total of 24 cases served by The Children’s Center- Crisis Care Center, 15 cases more than last month. TCC closed early once this this month and individuals were directed to their CRSP or the emergency department.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
August	1085	987	739	68%	325	30%	8
September	1017	903	640	63%	351	35%	10

- The RFS for adults decreased slightly by 3% from July along with the number of diversions (decreased by 2%). For the month of September, the RFS decreased by 6%, however, diversions increased by 5%.
- The Crisis Stabilization Unit (CSU) served 220 cases in August, a decrease of 27% as reported in July. This number includes 5 days of closure due to the power outages caused by severe weather. For the month of September, there were 283 cases, an increase of 29% from the month of August.
- The Mobile Crisis Stabilization Team provided services to 118 cases in August, an increase by 1 as reported in July. There were 108 cases the month of September, a decrease of 10 cases as reported in August.

Crisis Residential Unit/Hegira:

- The number of available beds remains at 14 to comply with the social distancing order.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – 0 Not medically stable due to SUD – 0 Not medically stable due to physical health concerns – 1 Violent/aggressive behavior – 2 Immediate danger to self – No follow-up from SW/Hospital - Total - 3
COPE	43	40	
DWIHN Res.	0	1	
Step Down (Inpatient)	11	11	
Total	54	51	

Crisis Continuum

- For the month of September, Team Wellness Crisis Stabilization Unit (CSU) provided services to 151 individuals, a 2% decrease from the month of August.

ProtoCall

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
August	728	655	66.9	45	6.0
September	Data not available at time of report				

- Call data for the month of August was not included in last month's report.
- ProtoCall's performance outcomes are out of compliance for answering calls timely. Will continue to monitor.
- DWIHN continues working with the Detroit Police Department to have calls transferred directly to ProtoCall.

COMMUNITY/LAW ENFORCEMENT LIAISON REPORT:

- The number of ATRs for the month of September decreased by 11% (310 completed for this month as compared to 368 in August).
- Community Liaison engaged 19 individuals this month.
 - 84% have repeat hospitalizations w/o follow up with CRSP. CRSP and MDOC agents were alerted and engaged in discharge planning.
 - .05% has a SUD hx
 - 52% are on parole or under MDOC jurisdiction
 - 10% were on court orders
 - 21% are homeless
- 5 Citizens returned and connected to DWIHN services upon release from MDOC.
- DWIHN received 141 Assisted Outpatient Treatment (AOT) orders from Probate Court this month. CRSP are notified to incorporate orders in treatment planning.
- There were 25 ACT consumers referred to COPE. There were .04% of PAR's completed by COPE and 88% dispositioned to inpatient, with 12% Outpatient.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT September 2021

- In September 2021, there were 339 contacts made with community hospitals related to movement of members out of the emergency departments (an approximate 8% increase in contacts from August at 312). Out of the 339 encounters, 179 were diverted to a lower level of care resulting in a diversion rate overall of 53% (a 4% increase in diversion rate overall from August). No admissions were made to Hawthorn, WRPH, or Kalamazoo.
- Hospital liaisons were involved in 155 cases that were NOT on the 23-hour report (a 10% increase in contacts NOT on the 23-hour list from August at 140), and of those cases, 70% were diverted to a lower level of care, an increase in diversion rate August at 59%.
- Hospital liaisons received 28 "crisis alert" calls collectively (an increase in crisis alerts received from 17 in August) and the crisis alert diversion rate was 64% for September (an 18% decrease from August at 82%). In September, 25 members "triggered" crisis alerts with only 10 inpatient admissions.
- Of the overall 339 contacts, 22 members had at least 2 emergency encounters in September (decrease from 8 members in August), and were therefore considered recidivistic in September (49 encounters between 22 members, and 3 members repeated a crisis encounter 3 times, but only 2 members went inpatient twice). Ultimately with the 22 members considered recidivistic in September, 13 were diverted to a lower level of care at least once (70% diversion rate for members considered recidivistic, increased from 65% in August).
- No requests were made related to veteran's affairs.

DATA SPECIFICALLY RELATED TO 23-HOUR REPORT July 2021

- Of the 23-hour report activities during this reporting period there were 262 encounters (a slight decrease from August at 268 encounters) related to movement from a 23+ hour wait in the ED.
- 163 of the 262 cases specifically related to the 23-hour list went inpatient, resulting in a 38% diversion rate, a 3% decrease in diversion rate compared to August.

- Diverted cases went to the following levels of care:

Res.	CCM	CRU	CSU	PHP	Pre-Place	OP/Stab	SUD	Other
2	0	Hegira -2 Safehaus-1	3	4	0	82	4	4: Medical Admits

MOBILE OUTREACH SERVICES

- Mobile Outreach Clinician attended 17 events.
- Education and meaningful conversation occurred with approximately 200 individuals
- Screening in the system occurred with 3 individuals

CUSTOMER SERVICE – Director, Michele Vasconcellos

Customer Service continues its remote efforts to ensure members are still being served during COVID-19.

Administration/Call Center Operations/ Family Support Subsidy/Medical Records

- The Unit’s Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- Family Subsidy requests continue to be remotely addressed and processed without interruption.
- Processed and mailed out” Choice” letters to members as a result of provider closures or discontinuance of services.
- Continued to meet to discuss Therefore Customer Service file and scanning initiative.
- Participated on state’s MI Cal webinars
- Worked on CRSP Disenrollment Project and second training.
- Addressed Special follow-up cases from the state.
- Conducted Customer Service Orientation for new hires for Access Center and Customer Service.
- Attended Crisis Center Outreach activities.
- Trained interim Administrative Assistant
- Reviewed Resume’s for hiring of an additional CS Call center representative.
- Conducted Performance Reviews on Customer Service staff.

Customer Service Performance Monitoring/ Grievance & Appeals

- Disenrollment Project continues to progress. Technical Assistance provided to multiple providers. Audits continue.
- New hire CS Performance Monitor started 9/7/21.
- Continued to participate in DWIHN provider closure meetings and initiation of Member Choice letters.
- Continual revising of Customer Service Appeals and Grievance Policies.
- Technical Assistance provided to multiple providers for Grievance and Appeal issues. Some plans of correction issued.
- Updated Medicaid Appeal Due Process forms and sent to IT for implementation process.
- Collaborated with UM to complete MI Health Link templates for 2022 for approval.
- Participated in UM, Quality Ops and ICO monthly meetings.
- Completed FY ’21 CS Provider audits.

NCQA/HSAG

- Updated policies with both NCQA and HSAG references
- Updated CS module to capture grievances whether or not remedial action is required or not. Added clarification regarding the various appeal types to the module.
- Received HSAG results. Reviewed for plans of correction.

Member Engagement/ Experience

- Coordinated the Provider Satisfaction Survey in collaborations with Managed Care Operations.
- Researched, prepared and delivered several member-related workshops: “Respectful Language in the Disability Community” to DWIHN staff; “Difference between Clubhouse and Drop-in” to New Direction Clubhouse members, parents and staff; “Ethical Boundaries” before peers and community health workers, “How to Sustain Member Advisory Groups” with Network 180 PIHP Communication’s Team.
- Continued to monitor clubhouse and drop-in centers for adherence to CDC COVID guidelines
- Presented on the ECHO and NCI surveys during the monthly Quality Improvement Steering Committee meeting
- Joined the National Disability Institute advisory group to host forums on the financial competence of poor Detroiters with disabilities.
- Disseminated information on computer usage to more than 60 residential facilities as a part of a block grant to reduce the use of 911 calls.
- Analyzed peer workforce data for decision-making.
- Planned and coordinated Walk A Mile In My Shoes.
- Cooperated with IT to disseminated tablets and laptops to clubhouse and drop-in center members.
- Presented at New Direction Clubhouse on the difference between clubhouse and drop-in center.
- Researched and prepared a presentation” which I presented to the DWIHN staff.

INTEGRATED HEALTH – Director, Vicky Politowski

Please See Attached Report

MANAGED CARE OPERATIONS – Director, June White

MCO DEVELOPMENT MISSION

Our 9 Provider Network Manager and 1 HUD specialist Manager are committed to reaching out to providers monthly, quarterly to ensure providers know we are here to assist in answering any questions surrounding adding sites, authorization questions, closing sites, as well as any general questions that may arise.

FY 21-22 Contracts

We have started sending out contracts to our 305 contracted providers to be completed by the first week of October 2021.

PIHP Email Resolutions and Phone Provider Hotline

For the month of September, we received/answered over 85 emails and 17 phone messages from providers with concerns related to claims billing, IT concerns, Procedure Code changes, Single Case agreements, Conference seminar information as well as credentialing questions.

COVID-19 Effect on Providers-/ COVID-19 Effect on the Homeless Population

As we move to the end of the 4th Quarter closures seem to have been slowing down. Providers are struggling with staff shortages to maintain staff in homes as well as staff in general among all of our providers resulting from the pandemic.

DWIHN continues to provide support to the network through training, webinars and emailing providers to ensure we stay compliant with state and federal regulations. Meeting with providers to find ways that can shift their operations in a way that operates in the best interest for their staff and our members.

Homeless Partners and HUD Program

Detroit Wayne has partnered with HUD, COC, HAND and the City of Detroit to fight the continued war on homelessness. During 2020, there were 7811 people that experienced homelessness. Since 2018 there has been a 29% decrease in the number. Although the number was on a decrease prior to the pandemic in 2020, a big factor in the overall homeless count dropping by 22% from last year was due to shelters having to lower capacity to be more in line with COVID safety measures.

DWIHN partners with providers that maintain the housing resource centers and street outreach. The Housing Resource Centers (HRC) and the Street Outreach are responsible for:

- Transitions homeless persons into safe, decent and affordable housing
- Provides rental assistance and secures other housing subsidies
- Research and best practices to end homelessness

Below is a recap for 2021 Housing Resource center and Street Outreach program

Southwest Counseling Solutions - Housing Resource Center		
	3 rd Quarter	Year-To-Date
# of Persons Served	2847	8046
# of Persons Screened for Mainstream Services	2245	6203
# of Persons who received Housing Assistance	602	1872

Neighborhood Service Organization & Wayne Metropolitan Community Action Agency (PATH - Street Outreach)		
	3rd Quarter	Year-To-Date
# of Persons Served	88	150

Quarterly Goals set

We have a few quarterly goals set for FY 2022:

- The Risk Matrix- getting provider more involved with using the system. The Risk Matric is a web-based software system that our providers can use to coordinate care, manage operations, view cost of services paid and better serve our members. DW will be able to monitor the provider’s performance and gain a base line of care services for our members. Tracking and developing ways to drill down on cost and related services will assist in finding improvement opportunities in our current care model.
- The Provider Manual- is a tool/ guide for the provider. The purpose and intent of the Provider Manual is to welcome providers to DWIHN's network allowing them to participate as a contracted provider and give them the information they need to be successful. This manual is an extension of the provider contract/agreement that include requirements for doing business with DWIHN. Together

the manual, our policies and the contract gives the provider a full picture of the requirements and procedures to participate in our network.

- Building an internal process to gain better monitoring over our network through our Network Adequacy form/procedure. We will start evaluating the network first part of FY 2022.
- Other: Working with internal depts (Customer Service/Credentialing unit) to update the provider and practitioner directory to include the services along with the disability designations served by the provider or practitioner in our online directory.

New Providers to the Network

We continue to stay provider sufficient for our member services. We have consistently received daily new request to become part of our network. We have maintained a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers if approved through our credentialing process and the board if the need is there for such providers.

Annual Provider/Practitioner Survey

The Annual Provider Survey launched late September, we expecting a full participation from providers and practitioners, once we have analyzed the results we will give a full report on findings.

Provider /Training Meetings Held

We have held 12 provider meetings every six weeks through the year all meeting have been virtual, with 95% attendance at each meeting. Our last Provider Meeting scheduled for 2021 for the Outpatient and Residential Providers will be on October 15th (10am-12:30pm). The next meetings for 2022 will resume in January 2022.

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please see attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis

Please See Attached Report

UTILIZATION MANAGEMENT – Director, John Pascaretti

Please see attached Report

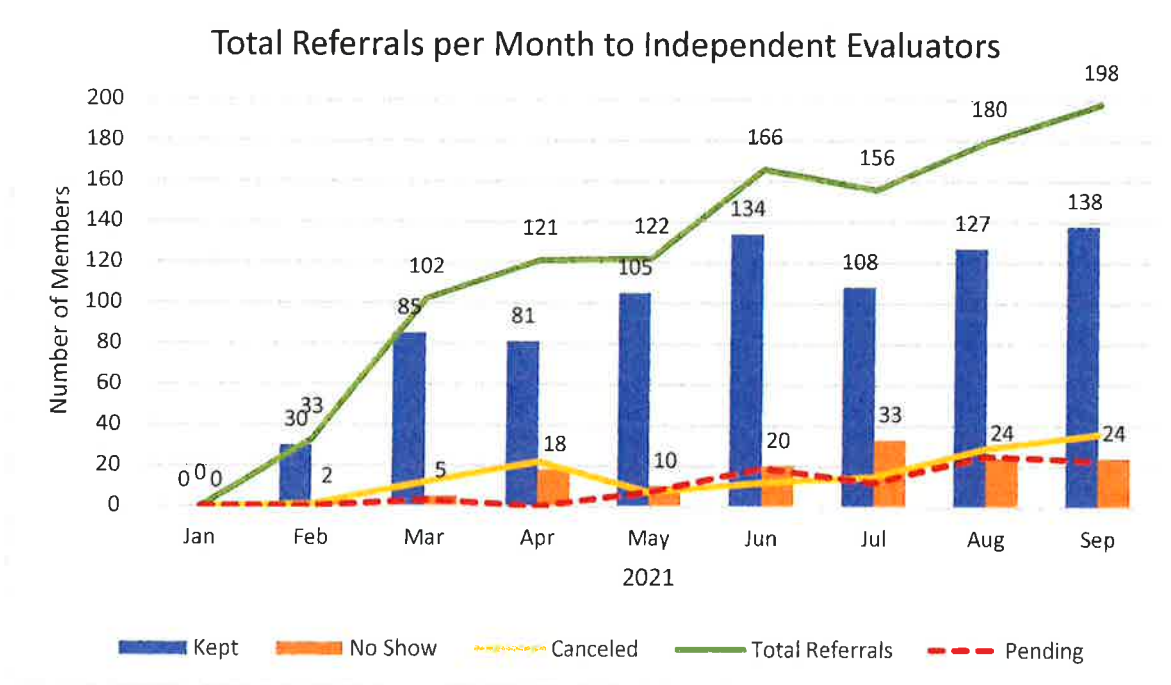
Autism Spectrum Disorder Benefit September 2021 Monthly Report

Enrolled in ASD Benefit

In the month of September cases increased by 70 bringing the total open cases to 2119.

Summary of Independent Evaluator

An additional Independent Evaluator was added to the ASD Benefit network, Sprout Evaluation Center (SEC), at the end of September 2021. Independent Evaluator data displayed below includes Social Care Administrator (SCA), The Children’s Center (TCC), and Sprout Evaluation Center (SEC) for totals referral for ASD diagnosis per month. Note that the green line indicates the total number of referrals that were scheduled on all three calendars while the blue bar indicates the actual total of appointments that were kept. An additional data point labeled ‘pending’ was added this month to reflect the number of members deciding on services.



Provider Updates

- DWIHN is in the process of adding Attendant Care and Behavior Frontiers to the ASD Provider Network.
- In an effort to improve communicating, outreach, and networking within the ASD Provider network each provider will present a small introduction of services at the onset of the ASD Provider network monthly meeting.
- MetroEHS also doing business as Dearborn Speech and Sensory Center updated DWIHN that 229 North Sheldon road in Plymouth will no longer be leased as of 10/1/2021 therefore all members authorizations associated with that address must be early terminated and re-requested under appropriate address. The Program Network Manager met with provider to outline concerns with poor communication with DWIHN on status of opening and closing locations. Clarification of roles and responsibilities for the member identified different

leadership.

- Starting FY21/22 ASD network providers will update a SmartSheet on a quarterly basis with organization information as email coordination will occur with those listed for network updates.
- A two-day new provider orientation training was provided for Attendant Care, Behavior Frontiers, Sprout Evaluation Center and Patterns Behavior Support. The training totaled 5 hours and covered UM, Quality, WSA, Appeals/Denials, MHWIN, and general ASD Benefit components.

WSA Updates

- The ASD Benefit Program Specialist updated the network on three-year evaluations along with updates regarding code changes for evaluations.
- ASD Benefit Monthly log training provided to 1) improve discharge integrity among providers 2) clarify expectations on transferring between ABA providers.

Utilization Management Updates

- ASD the Michigan Department of Health and Human Services Department (MDHHS) is changing the reporting requirements for service codes and modifiers. All ASD authorizations will no longer need to be terminated and resubmitted with new CPT codes and modifiers by October 1, 2021. Authorizations with a start date of 10/1/2021 will be submitted with appropriate CPT codes and modifiers.
- MH-WIN alerted the network of fee schedule errors impacting authorizations in the system would be occurring across providers.

Quality Updates

- Positive Behavior Supports received final meeting with DWIHN leadership outlining expectations moving forward for quality services. Clarification of roles and responsibilities for the member identified different leadership.
- Reminded network that consent for assessment and treatment should be obtained at intake and thereafter at a minimum of annually. In addition, providers were reminded to communicate with safe and secure connections to protect PHI.
- Integrity of reporting out on data is essential to ensure that quality key indicators can be captured for the ASD Provider network.

MDHHS Updates for Autism

- MDHHS provided ABA providers with information regarding three-year evaluations along with updates regarding code changes for evaluations.

**Integrated Health Care Department
Monthly Report
October 2021**

Collaboration with Health Department

The Health Department will be focusing on Hepatitis C, DWIHN will prepare for this initiative.

Quality Improvement Plans

The IHC department manages seven Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness, Adherence to Antipsychotic Medication, Increasing Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis A Risk Reduction. Currently implementing a HEDIS certified platform which will display individual CRSP provider data to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will also include measures for Opioid Health Home and Behavior Health Home. DWIHN and Vital Data continue to work on the HEDIS platforms that show the data for these QIP for providers is correct.

Population Health Management and Data Analytics Tool

DWIHN and Health Plan and Health Plan designee staff continue to meet at least weekly to prepare for implementation of the two platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWIHN and Health Plan designee to utilize to coordinate care for shared members and for DWIHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN and Health Plan and Health Plan designee staff. The platform went live on June 1st. To date DWIHN and Health Plan designee staff are meeting on a twice monthly basis to complete coordination of members who are new and in Tier 2 and 3. VDT and DWIHN met on 9/30/2021 to discuss several of the HEDIS measures that are not showing correct data and how to implement the OHH, BHH and CCBHC measures needed. VDT shared they discovered a problem with the data feeds that have impacted the HEDIS measures that are not correct. VDT is investigating, when these are correct the scorecard in Provider Link can be rolled out to providers. VDT is working on engagement, task summary and outreach reports.

Data Share with Medicaid Health Plans

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for 55 individuals in June. Joint Care Plans between

DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Integrated Health Pilot Projects

DWIHN has identified 3 Health Plans for Integrated HealthCare Pilot Projects.

Health Plan 1:

Collaboration continues between DWIHN and **Health Plan 1** staff with implementation of shared electronic platform with VDT to facilitate information exchange and document care coordination activities. The shared platform went Live June 1st and to date there are 9 members in the program. Health Plan 1 and DWIHN meet bimonthly to discuss individuals in Tier 2 and 3. Platform review continues, recommended changes/additions are in process with projected go live of HEDIS measures and scorecards platform (ProviderLink) and Care Coordination platform (PlanLink) to be determined.

Health Plan 2:

Care Coordination with **Health Plan 2** was initiated in September 2020, these meetings occur monthly. There were **10** cases discussed in the month of September for the Pilot program. The plan requests the number of cases to be discussed during Case Review. DWIHN and BCC leadership met on September 7th to reestablish goals. The BCC workgroup met on 9/23/21 to rewrite goals and a meeting on 9/24/21 was conducted to present the shared platform by VDT. Leadership and workgroup meeting have been established for the next 6 months.

Health Plan 3:

Health Plan 3's Leadership continues in the review process. A meeting occurred with DWIHN and Health Plan 3 in March. The Health Plan continue to review plans for collaboration.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 326 request for level II in the month of August 2021 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	9	1	9	19
Amerihealth	0	0	4	4
HAP	7	2	2	11
Michigan Complete Health	2	5	5	12
Molina	65	54	164	280
TOTAL	83	62	184	326

Voided referrals reasons are as follows:

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	5	3	1	0
Amerihealth	0	1	0	1	2
HAP	0	1	0	0	1
Michigan Complete Health	0	1	0	2	3
Molina	0	82	1	35	47
Total	0	88	4	39	53

Comparison Data for Voided Referrals:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
March 2021	182	1	85	13	34	49
April 2021	230	2	113	3	44	68
May	173	0	82	1	27	66
June	156	2	79	5	30	42
July	195	2	102	0	20	69
August	178	0	78	2	31	67
September	184	0	88	4	39	53

*Increase in number of Member declined services, process and interventions to be reviewed.

IHC department continues to meet with the Access Center during this reporting period to discuss ways in which to improve process and contact efforts. This reporting month IHC department conducted a meeting to discuss Access Center contacting wrong ICO Care Coordinators, issue was resolved. This new process allows network providers the new enrollee service needs. IHC staff continues to assist the closing submissions of voided referrals department process 181 referrals for the month.

ICO Michigan Complete Health is still unable to receive level II responses through the Care Bridge, referrals are logged in MH WIN and manually processed by sending to MCH through secure email. During this reporting month MCH announced name change to Meridian official marketing documents have not been received to share internally with DWIHN.

During this reporting period IHC department has started to share outcome data sheet regarding TOC and FUH follow-up not enough data at this time to report outcomes of the new sharing document will report in next reporting period.

Transition of care services were provided for **50** persons who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were **31** LOCUS assessments completed for the MI HealthLink Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—**55** – for individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

ICO Plan Name	Number of cases requested by ICO	Number of cases DWIHN recommended for Care Coordination for the month	Number of cases DWIHN recommended for Care Coordination for next month	Number of cases to refer to Complex Case Management	Number of case reviewed Total
HAP	5	2	7	0	7
AET	29	3	8	0	32
Amerihealth	4	5	2	0	9
MCH	3	4	2	0	7

Special Care Coordination Project

Plan Name	Number of cases requested by Medicaid Health Plan	Number of cases DWIHN recommended for Care Coordination for the month	Number of cases DWIHN recommended for Care Coordination for next month	Number of cases to refer to Complex Case Management	Number of case reviewed Total
Health Plan 2	0	7	8	0	15
Health Plan 1	0	0	0	0	0

Health Plan 1 did not have any Tier II cases for special project. Meeting were cancelled by HP1 due to conflicting meetings.

AUDITS

DWIHN during this reporting month completed ICO Molina Annual Delegation requested DWIHN to submit names for CMS audit participation. CMS collaborative audit with ICO Molina will take place later August 2021 covering UM, Claims, Appeals and Grievances. IHC department continues to work closely with quality department for delegation audits ICO Molina is currently undergoing audit from CMS department coordinated with quality department prep to be contacted by ICO Molina to participate in auditing area of Appeals & Grievances for Member Services and UM for authorization of services. DWIHN was not selected for Appeals and Grievances during this reporting time however was informed that Utilization Management department along with Chief Medical Director for next month week ending Sept 10, 2021. DWIHN was not contacted by ICO Molina to participate in the CMS audit.

ICO Amerihealth placed DWIHN on plan of correction for Access Center due to issue with calls that were reviewed. Plan will be submitted to ICO Amerihealth on or before May 15, 2021. ICO Amerihealth DWIHN Access Center CAP is still open, review of calls will take place in July 2021. ICO received a verbal write up from ACCESS Center regarding call annual delegation audit review awaiting determination. DWIHN completed additional information for ICO Amerihealth to explain ACCESS Center process in collaboration between IHC department and Quality awaiting official determination.

ICO Amerihealth is still awaiting the BAA agreement being handled by DWIHN Legal Department. No updates at this time.

IHC department held several internal and external meeting for new processes for MHL State Hospital Inpatient operational process. This is a new process for DWIHN in which several departments are collaborating to complete processes to execute oversight from Admission to Discharge on behalf of the ICOs. IHC has met with the State of MI billing department takeaways July 6, 2021 DWIHN will need to formalize next steps for this process of monthly payment to State of Michigan on behalf of the ICOs. DWIHN created fee schedule and still working through the process for payment for MHL State cases that are pending payment for ICO HAP and ICO Molina. DWIHN has formalized process for receiving and paying claims for MHL enrollees who are placed in State Psychiatric Facilities. There were 4 outstanding cases for state admits with the MHL program two with ICO Molina and two with ICO HAP current to date during this reporting period DWIHN paid in full for one of the ICO Molina cases. IHC Manger contacted State billing representative and assist with DWIHN to receive three outstanding claims. IHC manager will continue to report outcomes of incoming claims during next reporting period. During this reporting period 1 of the 4 outstanding cases has been completing for ICO Molina. DWIHN has determined a workaround for the other 3 claims still pending complete operational outcomes.

Compliance Meetings for MHL Program

DWIHN has met with ICO Aetna, and ICO Michigan Complete Health during this reporting period to review MHL program lettering material updates for 2022. IHC Manager collaborated with UM and Member Grievance & Appeal department to review the new tools and set timeline for updates to DWIHN in prep 2022. Meeting is scheduled with ICO Molina for next reporting period.

MHL Program has updates to SARAG reports that are required by all ICOs for CY2022. IHC manager is working with IT and Quality department to ensure that updates are following timeline. Meetings took place working through test data and operational procedures at this time.

Complex Case Management

Complex Case Management Services require the individual to agree to receive services, have Physical and Behavioral Health concerns and experiencing gaps in care. The enrollee must also agree to receive services for a minimum of 60 days.

For the month of September, there are currently **20** active cases, **7** new case opened, **6** case closure, and no pending cases. All **4** cases were closed due to meeting their treatment goals and **2** were unable to reach.

Care Coordination services were provided to **17** additional members in July who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was competed with **60** consumers to help identify needs.

Complex Case Management staff have been working to identify additional referral opportunities. Twenty-three (23) presentations were provided for DWIHN CRSPs and at Provider Meetings.

The following Community Providers received information regarding CCM services: Meridian, The Guidance Center, Community Care Services, Black Family Development, Hegira, Star Treatment, Family Options, COPE, Garden City Hospital, University of Michigan Hospital, St. Mary's Hospital, Providence, Karmanos, Beaumont Taylor, Henry Ford Kingswood, St. Joe's Hospital, Samaritan, Stonecrest, Havenwyck, BCM, Henry Ford Wyandotte, Samaritan and Pontiac General.

Peer Health Coach Grant:

DWIHN has contracted with four Certified Peer Health Coaches who will be stationed at Central City working with individuals who have multiple medical conditions along with behavior health. All four Peer Health Coaches were onboarded and started May 24th.

For the month of September, 22 members were surveyed below are the results for the Peer Health Coaching Participant Questionnaires.

1. What would you say your overall health was/is before PHC?

Poor- 7

Fair- 9

Good - 6

Very Good - 0

2. How aware are you of risk factors and ability to manage existing health issues before PHC?

Poor -7

Fair- 13

Good - 2

Very Good - 0

3. Awareness of risk factors and ability to manage existing health issues after PHC?

Poor- 0

Fair -7

Good - 11

Very Good - 4

Satisfaction Surveys were obtained

1. Did the PHC help you understand the importance of follow up care?

Yes- 6

No - 0

Not Sure - 0

2. Did the PHC assist and support you to get the care you needed?

Yes - 6

No - 0

Not Sure - 0

3. Was the PHC attentive and help you work through problems?

Yes - 5

No -

Not Sure - 0

4. Did the PHC treat you with courtesy and respect?

Yes - 6

No - 0

Not Sure- 0

5. How satisfied were you with your PHC?

Very -5

Some What - 0

Not Sure - 1



**Detroit Wayne
Integrated Health Network
Residential Services Department**

Department Monthly Report: September 2021

Residential Assessment Productivity

August 2021 Report's <i>Pending Assignments</i>	27
# of Referral Requests RECEIVED for September 2021	209
Total Referrals	236

Cases Completed/Cases Assigned to Brokering	132
Assessment/Referral Cancelled or Rescinded	62
Assignments Awaiting Completion	42

<i>Per Disability Designation</i>	
AMI Referrals	168
IDD Referrals	68

Referral Sources

Inpatient Hospitals	104
Emergency Departments	9
CRSP	85
Self-Directed Cases referred to Residential Services	3
Youth Aging Out (DHHS)	1
Pre-placement (C.O.P.E.)	2
Crisis Residential	9
Assessments Requested for Members currently in Specialized Settings	15
Nursing Homes	8
Total Received Referrals	236

Residential Assessments (in Licensed Setting)

In-home assessment review process was temporarily placed hold to complete roll-out and trainings of new residential assessment (effective 3/8/21) and H2X15/T2X27 code changes, effective 4/1/21.

COVID-19

of Positive Cases Reported (9/1 – 9/30): 0



Detroit Wayne Integrated Health Network Residential Services Department

Per Designation	AMI	IDD
Males	0	0
Females	0	0

of Deaths Reported (9/1 – 9/30): _____ **0**

Per Designation	AMI	IDD
Males	0	0
Females	0	0

Continuation of COVID-19 Projects (Megan Latimer)

- Continued monthly department COVID-19 case and vaccination tracking and reporting.
- Wayne County Health Dept Collaboration with DWIHN to continue in-home education of vaccine to residential providers/residents for those who've expressed interest.
- Reviewing CRSP referrals from **Goodwill Industries of Greater Detroit** to review and update residential assessments for assigned consumers.

Residential Service Authorizations

Total Processed Authorization Requests	1,228
Authorizations APPROVED	857
Requests Returned to CRSP	371

Approved >14 days	848
Returned >14 days	369
Approved <14 days	6
Returned <14 days	5

Authorization Submission Type	
Interim IPOS Completed by DWIHN Auth Team	51
Requests Submitted by Residential Care Specialists	254
Requests Processed Through MHWIN Queues	974

Authorization (Per Disability Designation)	
AMI Authorizations	403
IDD Authorizations	825

30-Day/Emergency Consumer Discharge Notifications



Detroit Wayne Integrated Health Network Residential Services Department

Total Received Consumer Notifications	32
30-Day Notices for Licensed Facilities	14
Emergency Discharges	16
Rescinded Requests/Self-Discharges	2

Residential Facility Closures

The following residential facility closures were processed during September 1-30, 2021 to relocate all consumers to alternate specialized placements.:

# of Facility Closure Notifications	8
Received in September 2021: On-Going/In Process	0
Requests ON-HOLD/PENDING	2
Completion of Facility Closures	6

Norris Home – 29051

Provider Notification Received: 7/2/21

Confirmed Closure Date: 9/30/21

Residential provider's notification reports facility closure due to lack of staffing. Residential Care Coordination team confirmed with designated CRSP (Community Living Services) 2 (DD) consumers were successfully relocated consumers to alternate DWIHN contracted facilities (MCO close-out confirmation received).

Current Status: **CLOSED**

Huron House – 25755

Provider Notification Received: 7/23/21

Confirmed Closure Date: 8/6/21

Residential provider's notification reports facility closure due to lack of staffing. Residential Care Coordination team confirmed all 4 (DD) consumers were successfully relocated to alternate placements within DWIHN contracted facilities.

Current Status: **CLOSED**

Mortenview II Home – 25895

Provider Notification Received: 8/24/21

Confirmed Closure Date: 9/11/21

Residential provider's notification reports facility closure due to lack of staffing. Residential Care Coordination team confirmed all 4 (DD) consumers were successfully relocated to alternate placements within DWIHN contracted facilities.

Current Status: **CLOSED**

Theodosia Carter AFC I – 26443

Carter-Wyoming AFC - 26445

MCO Notification Received: 8/25/21

Confirmed Closure Date: 9/7/21 & 9/15/21

MCO submitted notification to residential department reporting LARA recommendation to close listed facilities due to discontinuance of licensing. Residential Care Coordination team successfully relocated all 6 consumers to alternate placements within DWIHN contracted facilities.

Current Status: **CLOSED**

Landers Home #2 - 29255

MCO Notification Received: 9/28/21

Confirmed Closure Date: 1/1/21



Detroit Wayne Integrated Health Network Residential Services Department

MCO submitted notification to residential department reporting residential provider's letter identifying this facility has been empty and (due to lack of staff) is closed effective 1/1/2021.
Current Status: **CLOSED**

Denby Home – 25112

Provider Notification Received: 8/2/21
Scheduled Closure Date: 9/2/21
CRSP residential referral received noting request to relocate 2 (DD) consumers as residential provider has reported facility is closing due to lack of staffing. Residential Care Coordination team successfully confirmed consumers were relocated to alternate placement within DWIHN contracted facilities.
Notice forwarded to MCO to confirm facility closure.
Current Status: **PENDING (Awaiting MCO Confirmation)**

Burly III Home - 32438

Provider Notification Received: 8/5/21
Scheduled Closure Date: 9/5/21
Residential provider's notification reports facility closure due to property owner not completing repairs in timely fashion; requesting to relocate clients to a non-contracted address. Residential Care Coordination team awaits response from MCO to confirm suggested relocation facility is not contracted with DWIHN.
Current Status: **PENDING (Awaiting MCO Confirmation)**

Residential Communications

The department has begun quantifying communications received and responded to during the month September 2021; by telephone calls/voicemails, faxes, and/or emails.:

Voicemails: September 2021	97
Blank Messages/Fax Machine Calls/No Contact Info from Caller	42
Calls/Voicemails Responded to with 24/48 Hours	31
Forwarded to Assigned Residential Staff	14
Forwarded to other DWIHN Departments	4
Responses Requiring Director/Manager Review	6

Emails: September 2021 ResidentialReferral@dwihn.org	110
Emails Responded to with 24/48 Hours	74
Forwarded to Assigned Residential Staff	16
Forwarded to other DWIHN Departments	7
Responses Requiring Director/Manager Review	13



Detroit Wayne Integrated Health Network Residential Services Department

Department Project Summaries

Authorization Team

- **Bundled Authorizations (H2X15/T2X27) Billing Unit Shortage:** The authorizations team continues to receive and review spreadsheets from residential providers that reported unit shortages under the bundled authorizations (H2X15/T2X27) to assist with their billing. The team will continue with this temporary process until PCE reports an update to the system to correct the matter.
- **CRSP Service Authorization Refresher Trainings:** September meeting with CRSPs [completed on **Thursday, September 2nd via TEAMS**] were opened to both AMI and IDD Supports coordinators and case managers in the event of scheduling conflict with dates/times of sessions. Both sessions held a total of **57 attendees: 31 IDD and 26 AMI**. Majority of the feedback was that the sessions were indeed needed to assist new staff working in adult and residential services.
- The Residential Authorization Team Manager has participated in multiple meetings with multiple CRSP meetings/session to listen and discuss concerns regarding the H2X15/T2X27.

CRSP/Department Meetings and Trainings

- **CRSP/Residential Services Monthly Meetings:** A total of **16 CRSP meetings were completed** for September 2021, with two CRSP meeting cancellations due no show of CRSP Staff (**ACC** at 9 AM and **AWBS** at 2 PM on Wednesday, September 22nd). Bi-monthly meetings for **CCS, JVS, and Goodwill-Detroit** are scheduled for October 2021. **Department calendar is attached for review.**
- **IDD CRSP/IDD Residential Providers Monthly Meetings:** IDD CRSP and residential providers completed the scheduled monthly on **Monday, September 20th** via Zoom. The department welcomed Quality Improvement's **Starlit Smith, Eugene Gillespie, and Danielle Dobija** joined our meetings to assist in the checklist review. A total of attendees for each session are as follows:
 - IDD CRSP/Unlicensed at 10 AM (**72 attendees**)
 - IDD CRSP/Licensed at 2 PM (**82 attendees**)
 - The next **AMI CRSP/AMI Residential Providers Bi-monthly Meetings** are scheduled for **Thursday, October 21, 2021 via Zoom.**
- **DWPHN Residential Provider/CRSP Advisory Group:** The department completed our second Advisory Group meeting on **Monday, September 27th at 10 AM through TEAMS**, welcoming **Clinical Administrator Jacquelyn Davis** and **CIO Manny Singla** as the group reviewed standing items from last month's meeting. Residential providers also advised of their concerns with CRSPs regarding lack of timeliness in responses regarding service authorization updates/changes and documentation required to keep in facilities. The group reviewed the new **QI Residential Case Record Checklist** and will extend an invitation to Quality Improvements to further explain documentation audit for October's meeting.
 - **Total Attendees: 13** (5 residential providers, 2 CRSP representatives, and 6 DWPHN staff)



Detroit Wayne Integrated Health Network Residential Services Department

Department Projects

Residential Assessment Development (Darryl Smith)

- For the month of September, I was responsible for completing a review of Eisenhower Centers rates. Continuing stay reviews will be completed early next year to determine the level of care.
- Direct training and oversight to the Support Coordinators at **Wayne Center** and **Community Living Services** assisting them in competing and reviewing the various areas of this assessment.
- Completed trainings for **Community Living Services, Neighborhood Services Organization** and **Wayne Center** supports coordination staff on clinical alignment of documentation. Additional CRSP trainings are to be scheduled for the month of October.
- Participation in the following DWIHN meetings:
 - *Monthly Hospital Liaison meeting*
 - *Monthly Support meeting with CLS and Wayne Center*
 - *Eisenhower Center and Residential Department management*

Department Goals

Productivity Measures

- Prepare reports and updates for the year-end review: All information will be reviewed in preparation for the year-end report.
- State Hospital management oversight is now included under residential department, effective 9/23/21. State Hospital Liaison (Heather Fry) now reports directly to Residential Manager Kelly McGhee. State hospital processes are in review to update and add critical elements for discharging members and will be implemented in department monthly reporting beginning October 2021.
- Review/update all department processes and procedures

Residential Department Calendar

August 2021 - October 2021

September Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	September 1 Hegira:	2 IDD CRSP Services AMI CRSP Services	3	4
5	6 DWIHN Offices	7 Southwest	8 RS Monthly Team	9 DCI:	10	11
12	13 Wayne Center:	14 CNS & NEIH: TGC:	15 DWIHN All Staff TEAM:	16 LBS:	17	18
19	20 IDD CRSP & Spectrum IDD CRSP & ACCESS: PsyGenics:	21	22 AWBS: ACC:	23 CLS: DWIHN	24 CLS: NSO:	25
26	27 DWIHN Residential MORC:	28 CCIH:	29 NSO-LC: DWIHN	30	October 1 Wayne Center:	2

DWIHN Residential CVD-19 Residential Vaccination Reporting: 10/5/21

DCW Staff of Licensed Facilities Vaccinated: 1,437
 DCW Staff of Unlicensed Facilities Vaccinated: 1,001

Licensed Facilities	# of CONSUMERS REPORTED		Consumers FULLY VACCINATED		Consumer/ Guardian REFUSALS	
	AMI	IDD	AMI	IDD	AMI	IDD
CITY of DETROIT	731		649		118	
	493	238	424	225	65	53
			88.78%		16.14%	

Western Wayne (40 Cities)	1,361		1,243		118	
	623	738	557	686	65	53
			91.3%		8.7%	

Unlicensed Facilities

CITY of DETROIT	152		93		59	
	95	57	48	45	47	12
			61.2%		38.8%	

Western Wayne (45 Cities)	993		678		315	
	283	710	137	541	141	174
			68.3%		31.7%	

Reporting Highlights:

- Significant increase of DCW Staff reporting vaccination received since July reporting (+116 in licensed facilities; +97 in unlicensed facilities)
- 22 (AMI) consumers now fully vaccinated after reporting initial refusals (since last reporting)

City of Detroit/Health Department Vaccine Collaborative Updates:

Of a total of 12 residential providers:

- 9 City of Detroit facilities have completed vaccination education
- 38 members were educated: 9 members agreed to obtain the vaccine
- 25 DCW's were educated: none have agreed to obtain the vaccine.
- 3 facilities remain to be scheduled in the next two weeks
- All providers had only positive remarks about the DHD and commended them on their positive interactions with our members.

Licensed Facilities:

Detroit:

- Updates for Forrest Haven (AFC) are pending, some of the members per Mr. Hayes (provider) have been vaccinated. Provider reports they will follow up with the updates.

Dearborn Heights:

- GV Home- Provider has reported all confirmed vaccination dates for residing members.

Westland:

- Marable II Home (AFC)- Provider has reported all confirmed vaccination dates for residing members.

Unlicensed Facilities: No additional updates at this time.

Next reporting update to be completed for year-end reporting by COB on Friday, November 1st.

Report Heading Definitions:

of CONSUMERS REPORTED

Consumers reported through calls to all residential providers by assigned staff.

1st Vaccine ADMINISTERED

Consumers that have received their first vaccination as reported by their residential provider

Consumers FULLY VACCINATED

Consumers that are confirmed fully vaccinated (this includes consumers that received 1-shot vaccinations), as reported by their residential provider.

Consumer/Guardian REFUSALS

Vaccination refusals by the Consumer, Guardian, or Not Recommended by consumers' PCP due to underline health conditions

Awaiting ADDITIONAL INFO from Provider/Guardian

Number of consumers to verify vaccination with additional information needed from the consumer's guardian (partially reported by the residential provider).

***AWAITING INFORMED CONSENT (Shaded from Reporting)**

All consumers under reporting are confirmed to have received Informed Consent to accept or refuse vaccination.

REMAINING CONSUMERS to Verify Vaccination Status

Follow up reporting needed to confirm the numbers of consumers that had yet to receive their second vaccination as scheduled (as reported by their residential provider).

DWHN Residential Facility Home Closures:

September 2021

# of FACILITY CLOSURE NOTIFICATIONS	8
RECEIVED in August 2021: ON GOING	0
Requests ON-HOLD / PENDING	2
Completion of Facility Closure / All Consumers Relocated	6

RECEIPT DATE	FACILITY NAME	VENDOR / PROVIDER ID	SCHEDULED CLOSURE DATE	NOTIFICATION TYPE	# of CONSUMERS	CONFIRMED CLOSURE DATE
07/02/21	Norris Home	29051	08/01/21	Provider Notification	2	09/30/21
07/23/21	Huron House	25755	08/15/21	Provider Notification	4	08/06/21
08/24/21	Mortenvue II Home	25895	09/16/21	MCO Notification	4	09/11/21
08/25/21	Theodosia Carter AFC I	26443	09/24/21	MCO (DHHS) Notification	4	09/07/21
08/25/21	Carter-Wyoming AFC	26445	09/24/21	MCO (DHHS) Notification	3	09/15/21
09/28/21	Landers Homes #2	29255	01/01/21	MCO Notification	0	09/28/21
08/02/21	Denby Home	25112	09/02/21	CRSP Notification	2	Awaiting MCO Verification
08/05/21	Burly III Home	32438	09/02/21	Provider Notification	2	Awaiting MCO Verification



Detroit Wayne Integrated Health Network

Director Monthly Report

Reporting Department Substance Use Disorders

For the Month of September, 2021

Project or Goal 1: Naloxone Initiative

Status Overview: Each year, thousands of individuals die from opioid overdoses, with oxycodone, morphine, and fentanyl accounting for a significant number of deaths in Detroit, Wayne County. To support the Governor's initiative to respond to the increase in opioid overdose-related deaths and save lives in the Detroit Wayne County area, DWIHN began providing Naloxone training and kits, March 22, 2016, to all Wayne County employees residents at no cost. The life-saving drug Naloxone allows those at risk of experiencing an overdose the chance to recover and spare families the heartache of losing a loved one.

Work in progress: DWIHN collaborates with Wayne State University to combat this crisis. One strategy for achieving such a widespread distribution with few resources and limited staff is using vending machines. Vending machines to distribute free naloxone kits have been successful in jail settings across the United States. DWIHN has identified several Opioid Treatment Programs that are interested in a free vending machine to distribute Naloxone. The Naloxone vending machines are programmed to dispense free naloxone kits. Wayne State University will purchase vending machines, and DWIHN will arrange for the device to be refilled with a provider, who will be responsible for monitoring supply levels and ordering additional naloxone kits as necessary. **There will be no cost to the provider to implement a vending machine for naloxone distribution. Additionally,** DWIHN will purchase Pocket Counselors devices that are designed to go around an individual risk.

The providers participating in this initiative include *Star Center, Abundant Community Recovery Services, and Quality Behavioral Health*. The Pocket Counselors are designed to give Recovery Coaches alerts if individuals are in distress or areas with high drug usage.

DWIHN continues to support access to Naloxone by training health care workers, providers, drug court staff, inmates/jail staff, and the community and other organizations that intersect closely with people who use opioids on how to reverse an opioid overdose. It can be easily administered by nasal spray and does not affect someone who has not used opioids. DWIHN is increasing the number of providers that can train and distribute Naloxone in the community and is utilizing the zoom platform to implement this training. To date, we have trained 2,229 first responders and 1,245 residents of Wayne County on how to reverse an opioid overdose; we have also provided each person with a Naloxone kit.

Planned Key Milestones, Activities, and Events: DWIHN's Naloxone Initiative program has saved **782** lives since its inception. Again, the saved lives are under-reported, especially during this time of the COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative. DWIHN to date has distributed over 11,067 Narcan kits.

Naloxone Saves for September 2021	
First Responders	14
Community	0

The SUD Department has been working tirelessly to address the Opioid Epidemic, which has devastated so many lives and harmed millions nationwide. We will not rest until we dramatically reduce opioid use disorder and overdose deaths and work to provide those suffering from the support they need. Unfortunately, we still have a lot of work to do in this area.

Another Naloxone initiative is the **Barbershop Talk Tour Initiative** is ongoing. Topics include Men's Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health Police Brutality, and Naloxone training. During August, presentations were conducted at 4 locations in Wayne County.

FOR THE MONTH OF AUGUST

Date	Barbershop	# of barbers trained	Location
September 3, 2021	Motor City Barbershop	4 Barbers	17180 Wyoming, Detroit
September 10, 2021	Dubb's Style & Cutts	3 Barbers	12230 Dexter, Detroit
September 17, 2021	Linwood's Barbershop	3 Barbers	12815 Linwood, Detroit
August 27, 2021	Low's Barbershop	2 Barbers	353 Inkster Rd, Inkster

COVID Numbers

	Prevention	Treatment
Number of Staff Positive	0	0
Number of Clients Positive	1	2
Number of Deaths	0	0

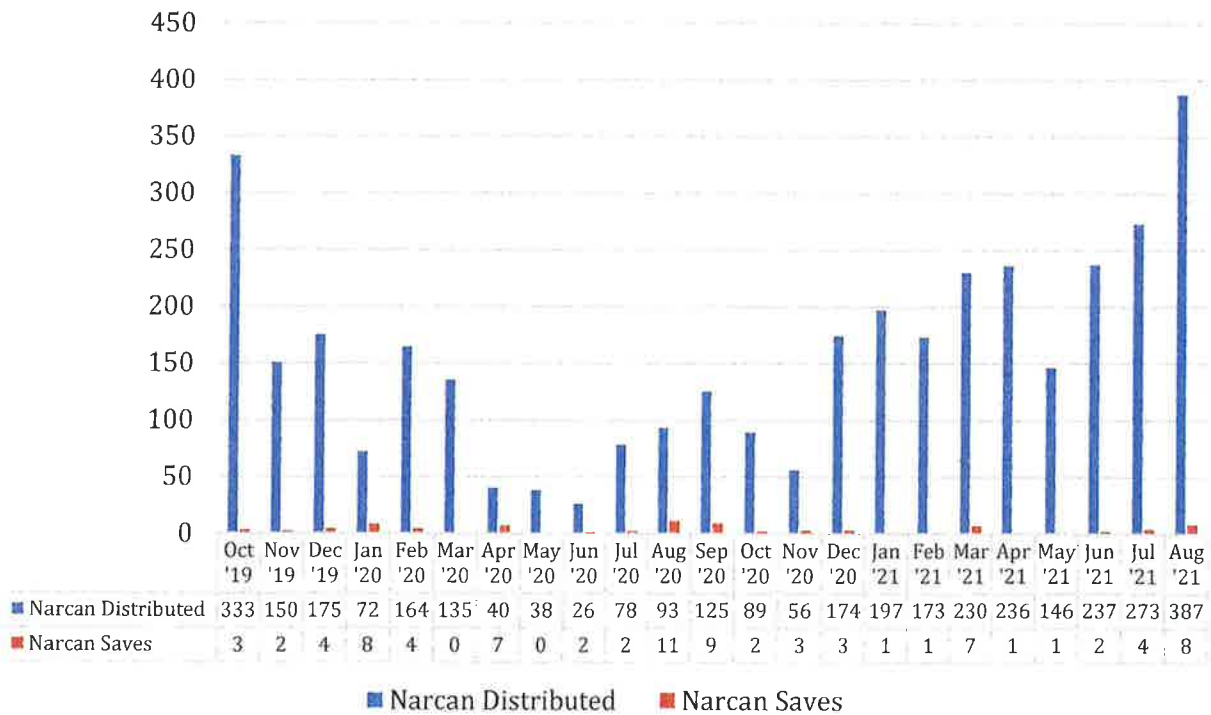
State Opioid Response

Detroit Wayne Integrated Health Network was awarded State Opioid Response funding in 2019 to reduce overdose deaths related to opioids in Michigan, which are of epidemic proportion. The State Opioid Response Grant is a comprehensive program constructed to combat the surge of opioid-related overdoses tailored to encompass prevention, treatment, and recovery services. Prevention services have a two-tier approach to prevent the onset of addiction in high-risk population groups and prevent fatal overdoses through the distribution of Naloxone. Treatment services address the onset and progression of an opioid use disorder, designed to help the individual progress to remission. Finally, recovery programs are designed to empower and engage individuals in recovery and prevent relapse.

Overdose Education and Naloxone Distribution with Harm Reduction Services

The OEND with harm reduction program enhances and expands our existing naloxone training within different caveats in the community.

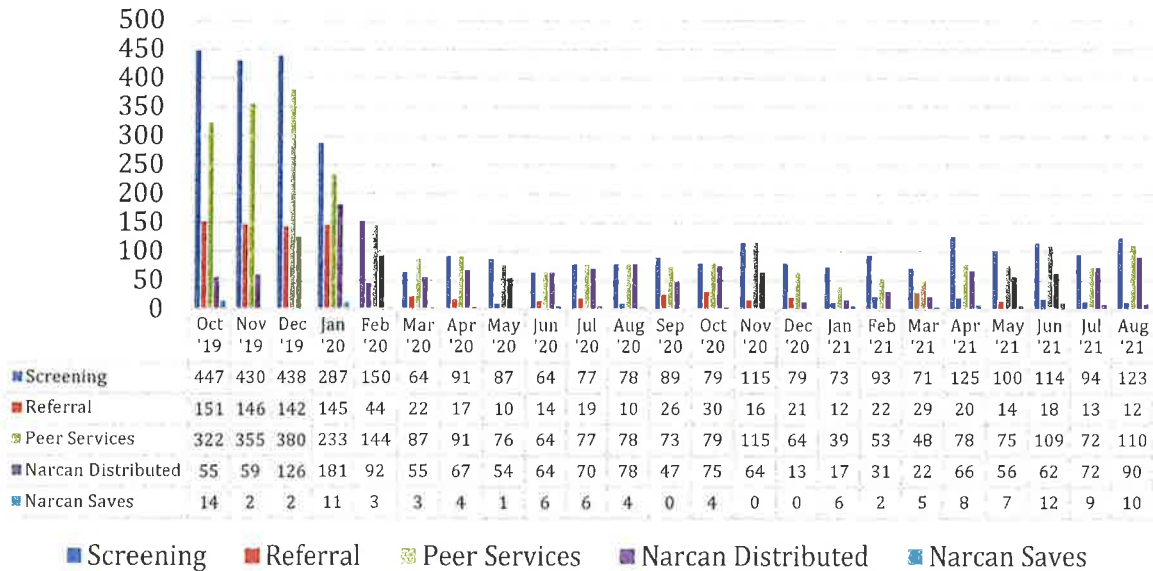
SOR - Overdose Education and Naloxone Distribution



Naloxone distribution in Wayne County has steadily increased since the drop off in March 2020, as service provider programs seek new innovative ways to distribute naloxone and train individuals in a remote setting.

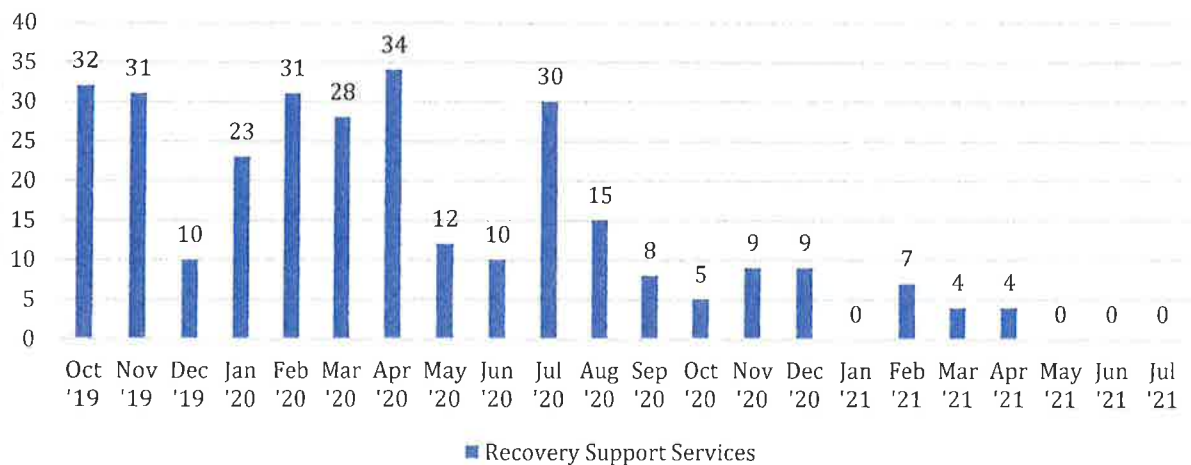
Mobile Units: DWIHN has two mobile units that provide: SUD screenings for services, referrals to treatment, peer services, food services, clothing, sleeping coats, temperature checks, COVID-19 screenings, drug screenings, therapy and relapse recovery services, Naloxone training, and distribution care unit programs continue to exceed expectation

State Opioid Response Mobile Care Unit



Recovery Support Services: An integral component of the State Opioid Response that makes the program unique from other grants is that it is structured to encompass the consumer's engagement throughout remission to decrease the likelihood of relapse.

Recovery Support Services



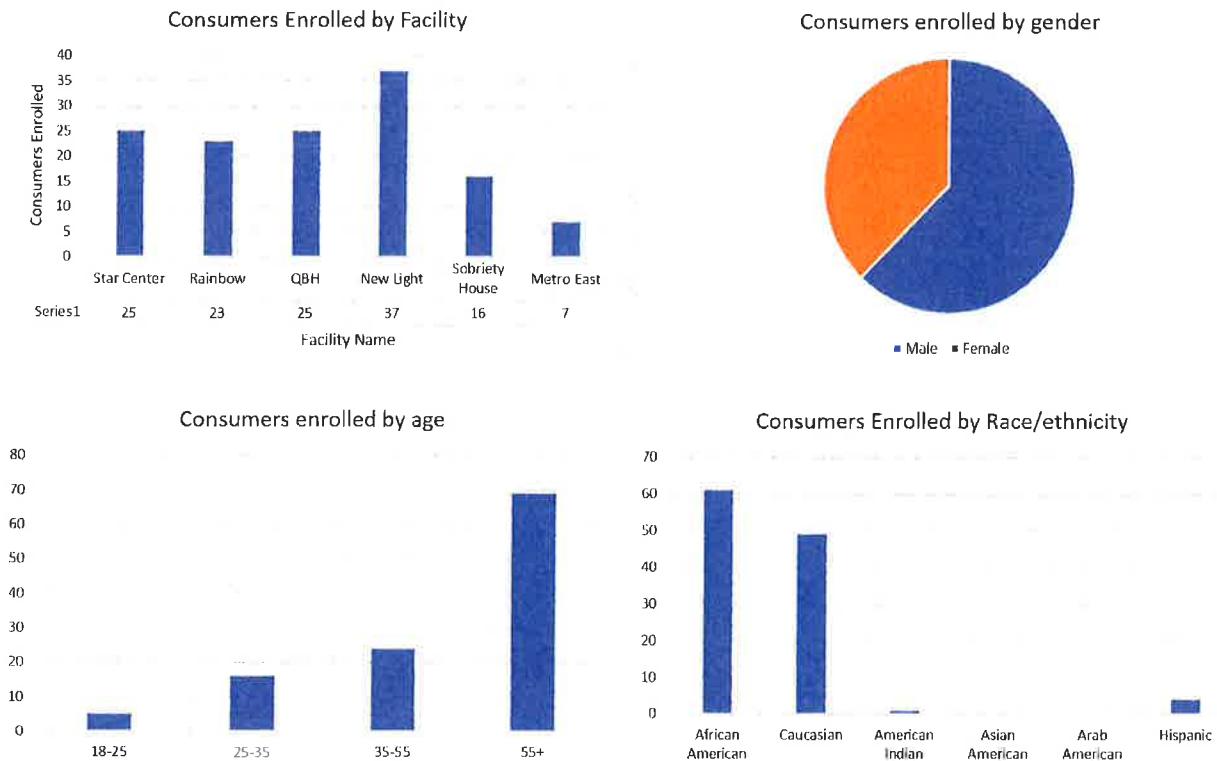
Enrollment in recovery support services has decreased in recent months. Providers have attributed this decrease to a general census decrease over the past few months.

SBIRT Programs: Peers in Federal Qualified Health Centers (FQHCs) are designed to increase treatment access for individuals who are not aware of services offered.

	Number of brief screenings	Number of Wellness Check-ups	Total Services Provided
Total	1005	794	1799
Last Month	210	38	248

SBIRT programs have increased the number of screenings through innovative approaches outside of the traditional partnerships with FQHCs. For example, Detroit Recovery Project has deployed a 'Street Team' that visits identified 'hot spots' to implement screenings and referrals.

Opioid Health Homes: The purpose of the Opioid Health Homes initiative is to coordinate care for Medicaid beneficiaries with severe and complex chronic conditions while serving the whole person by integrating and coordinating physical, behavioral, and social services. Our goals are to integrate care, generate cost-efficiencies and increase health status for our consumers. The program has ended under the SOR II grant and will continue to be funded under Medicaid for 2022.



Consumers' common barriers during the care planning process are financial, transportation barriers, and support from a third party (family, friends, children, parents). Common action steps include: making and following through with physical health and mental health appointments, medication compliance, attendance of support groups, and meeting.



DWIIHN UTILIZATION MANAGEMENT MONTHLY REPORT September 2021

I. Executive Summary

- **Autism:** There were 503 authorization requests manually approved during the month of September. There were approximately an additional 63 authorizations approved via the auto approval process for a total of 566 approved authorizations. There are 2,112 cases currently open in the benefit.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 9/30/21, 1037 filled, 47 open, for a utilization rate of 95.7% taken.
- **County of Financial Responsibility:** The total number of open COFR cases decreased by 9% for the month of September.
- **Denials and Appeals:** There were a total of two (2) medical necessity denials and zero (0) appeals for the month of September.
- **General Fund:** There were 311 General Fund Authorization approvals for the month of September.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorization requests and the amount of each authorization type for the 5 ICOs. There were a total of 38 MI Health Link authorizations received in September 2021. The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.
- **Provider Network:** The UM Team managed a total of 796 consumers within the provider network during the month of September 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential.
- **State Facilities:** There was 1 state hospital admission and 5 discharges for the month. 69 NGRI consumers are currently managed in the community.
- **SUD:** There was a total of 3520 SUD authorizations approved during the month of September compared to 2002 approved in August, an increase of 76%. UM reviewed 1759 authorizations in September a 20% increase from 1468 reviewed in August. Access and Providers generated the remaining 1761. There was a significant glitch in MHWIN resulting in auto-approval of provider service requests that was recently corrected.
- **Administrative Denials:** During the month of September, the SUD team issued 21 administrative denials compared to 26 the previous month.
- **MCG:** For the month of September, there were 950 individuals screened in Indica which is an average of 32 cases per day screened using the MCG Behavioral Health Guidelines. This is similar to the 1014 screened per day in August, with a 34 per day average.

II. General Report

Autism Spectrum Disorder (ASD) Benefit

There were 503 authorization requests manually approved during the month of September. There were approximately an additional 63 authorizations approved via the auto approval process for a total of 566 approved authorizations. There are 2,112 cases currently open in the benefit.

Auto-approvals were down for the month of September due to having to terminate the Service Utilizations Guidelines in MHWIN to end 9/30/21 to accommodate new SUGs with updated MDHHS modifiers effective 10/1/21.

DWIHN's UM Department anticipates an increase in requests for the month of October. Historically, there is generally an increase in requests in October in part because due to providers reviewing their records and identifying missing authorization requests, and in part, due to many members changing the amount of hours they receive after returning to school.

This year there are additional factors which are likely to increase authorization request volume. Acorn Health has acquired A&C Behavioral Solutions and will be submitting new authorization requests for former A&C members effective 10/1/21 to align with Acorn's new contract. Metropolitan Speech and Sensory will be resubmitting all current active authorizations so that the authorization aligns with the service location vs. their administrative site which they are no longer leasing as of 10/1/21.

Currently, authorizations are auto generated at point of scheduling for ASD evaluation assessments. DWIHN is working with PCE to ensure that these authorization packages will auto generate the updated codes and modifiers that go into effect 10/1/21, but until that occurs, providers will be manually submitting those requests for review by the DWIHN UM Department.

DWIHN is in the process of onboarding several new ABA providers to further strengthen the ASD Provider Network.

ASD Authorization Approvals for Current Fiscal Year to Date*:

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Manual Approvals	473	269	235	255	306	323	254	255	346	311	343	503
Auto Approvals	135	157	153	121	200	158	115	103	122	128	122	63
Total Approvals	608	426	388	376	506	481	369	368	468	439	465	566

*numbers are approximate as they are pulled for this report prior to when all data for the month is available.

ASD Open Cases and Referral Numbers Per WSA*

Fiscal Year To Date												
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Open Cases	1718	1747	1753	1745	1801	1792	1827	1849	1954	2031	2072	2112
Referrals	107	60	60	59	42	83	79	49	46	61	82	Pending update from the WSA

*numbers are approximate as they are pulled for this report prior to when all data for the month is available.

Habilitation Supports Waiver

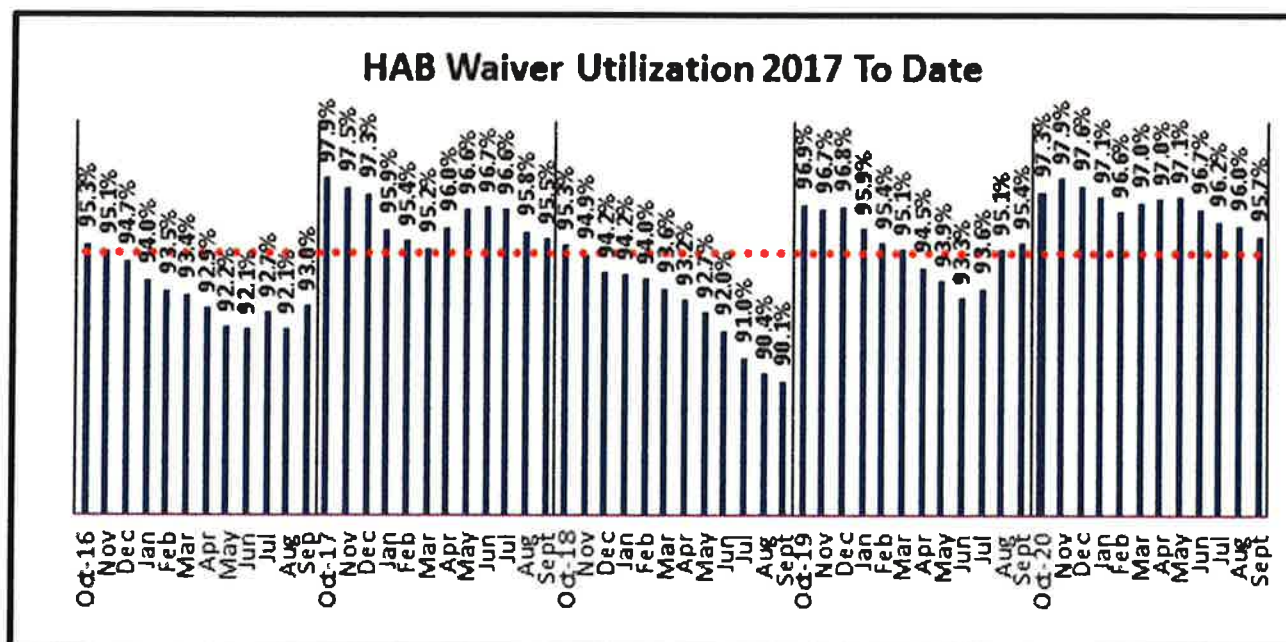
September Utilization

HAB Utilization	September
Allocated	1,084
Used	1,037
Available	47
% Used	95.7

Program Details for July

Outcome Measurement	September
# of applications received	4
# of applications reviewed	4
# of app. Pended PIHP level for more information	0
#of pended app. resubmitted	0
# of app. withdrawn	0
Total of application sent to MDHHS.	4
Technical Assistants contacts	9
# of deaths/disenrollment's (recertification forms reviewed & signed)	8
# of recertification forms reviewed and signed	48
# of recertification forms pended	10
# of dis-enrollments (not meeting HSW criteria)	0

Historical Trend



Serious Emotional Disturbance Waiver (SEDW) September 2021

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	93
# of youth currently active in the SEDW for the month of September	56
# of referrals received in September	10
# of youth approved/renewed for the SEDW in September	4
# of referrals currently awaiting approval at MDHHS	3
# of referrals currently at SEDW Contract Provider	7
# of youth terminated from SEDW in September	6
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	1

County of Financial Responsibility (COFR)

The COFR Committee continued to meet weekly for one (1) hour during the month of September. Weekly meetings are expected to continue ongoing.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
September 2021	1	0	6	64

*This is a running total. Recommendations forwarded to Administration and pending determination

Previously 70 cases in August 2021.

*Note: Not all new cases referred are reviewed within the month they are received. All new cases are added to COFR Master List with date referral is received. Cases are reviewed by priority of the committee.

General Fund

There were 311 General Fund Approvals for the month of September, 2021.

Denials and Appeals

For the month of September 2021, there were a total of two (2) denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. There were zero (0) appeals.

	Oct. 20	Nov. 20	Dec. 20	Jan. 21	Feb. 21	Mar 21	Apr 21	May 21	Jun. 21	Jul. 21	Aug. 21	Sept 21
Denial	10	3	5	7	17	23	6	7	5	6	2	2
Appeal	2	4	2	2	5	5	2	6	0	6	1	0

Service Authorization Administrative Denials

During the month of September there were no service authorization administrative denials or appeals to report.

Timeliness of UM Decision Making

Quarter 4 timeliness report will be reviewed in November's meeting.

State Hospital Liaison Activity Report

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	2	9	109
Wait List	0	1	2
Admissions	0	0	1
Discharges	1	2	2
ALS Status	0	2	67

- MDHHS continues to review state hospital waitlists weekly and triage referrals. All state facilities are at capacity and have an increased need for female beds. Forensic referrals remain the priority but DWIHN continues to facilitate community referrals.
- NGRI Admissions=1, NGRI Discharges=2
- Training continues as new changes to the NGRI Program occur. NGRI members are now petitioned for an AOT at the end of the one year court order, ALS status has been terminated, and risk mitigation strategies are implemented into the IPOS.

MI Health Link

Report Filters

Date Range 9/1/2021 thru 9/30/2021
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN;
 AMERIHEALTH MICHIGAN, INC.; FIDELIS
 SECURECARE OF MICHIGAN; HAP
 MIDWEST HEALTH PLAN, INC.; MOLINA
 HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
38	2	2	21	21	0	0	15	15

Report Filters

Date Range 9/1/2021 thru 9/30/2021
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
8	2	2	3	3	0	0	3	3

Report Filters

Date Range Selected: 9/1/2021 thru 9/30/2021
 ICO's Selected: AMERIHEALTH MICHIGAN, INC.

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
3	0	0	2	2	0	0	1	1

Report Filters

Date Range Selected: 9/1/2021 thru 9/30/2021
 ICO's Selected: FIDELIS SECURECARE OF MICHIGAN

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
11	0	0	10	10	0	0	1	1

Report Filters
 Date Range Selected: 9/1/2021 thru 9/30/2021
 ICO's Selected: HAP MIDWEST HEALTH PLAN, INC.

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
4	0	0	3	3	0	0	1	1

Report Filters
 Date Range Selected: 9/1/2021 thru 9/30/2021
 ICO's Selected: MOLINA HEALTHCARE OF MICHIGAN

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
12	0	0	3	3	0	0	9	9

The data for September 2021 delineates the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. The table(s) account for the total number of authorizations by ICO, the type of authorization and the amount of time taken to process the request. Additionally, the data only includes those authorizations that required manual review and approval by UM Clinical Specialists. It does not include those authorizations that were auto-approved because the request fell within the UM Service Utilization Guidelines.

There were a total of 38 MI Health Link authorizations received in September 2021 compared to 44 authorizations in August 2021, a 13.6% decrease. By ICO, there were 8 authorizations for Aetna, 3 for AmeriHealth, 11 for Michigan Complete Health (Fidelis), 4 for HAP Midwest and 12 for Molina. Out of the 38 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

**The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.

Provider Network

The UM Team managed a total of 796 members within the provider network during the month of September 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. There were 623 inpatient admissions during September 2021, reflecting a 13.9% increase from the 547 inpatient admissions in August. Out of the 623 members admitted for inpatient treatment in September, 60 readmitted within 30 days of a prior hospitalization, compared to 51 recidivistic members in August 2021, denoting a 17.6% increase. There were 83 Partial Hospital admissions in September, which shows a 9.2% increase from August (76) and 52 Crisis Residential admissions, compared to 37 CRU admissions the month prior. Please note that the Crisis Residential Units are still at 50% capacity due to COVID and only one location (Warren) of Safehaus remains open. The Grand Rapids and Rose City locations have been permanently closed.

The data outlined below reflects the admissions for the month of September 2021:

- Inpatient: 623
- MHL: 38
- Partial: 83
- Crisis Residential (adults-41 and children-14): 52
- Total Admissions: 796
- Average Length of Inpatient admissions: 11

Substance Use Disorder

SUD Authorizations

There was a total of 3520 SUD authorizations approved during the month of September compared to 2002 approved in August, an increase of 76%. UM reviewed 1759 authorizations in September a 20% increase from 1468 reviewed in August. Access and Providers generated the remaining 1761. There was a significant glitch in the system that was recently corrected. Providers were entering authorizations and they were auto-approving. Any authorizations providers put in with the 10/1/2021 fee schedule, auto-approved. This was corrected at the beginning of October.

SUD Administrative Denials

During the month of September, the SUD team issued 21 administrative denials compared to 26 reported last month. The primary reason for administrative denials is failure to adhere to timeliness guidelines.

Medical Necessity Denial

There were no SUD medical necessity denials this month.

SUD Appeal Requests and Appeal Determination Forms

There were no SUD administrative appeals received and reviewed during the month.

SUD Timeliness Dashboard

The timeliness data is now available in Power BI. There were 298 Urgent Authorizations and 282 (95%) were authorized within 24 hours. There were 765 non-urgent authorizations and 721 (94%) were approved within 14 days.

FY 22 Modifier Project-SUD

Major time and meetings, have occurred during the month of September regarding the changes in SUD modifiers and codes. UM took the lead in development of a PowerPoint that was used to

train SUD providers on 9/30/2021. Recommendations to the revised rate sheet were made to finance. Issues are continuing into the fiscal year and are addressed with the Procedure Code Workgroup as they occur. A new issue with maintenance of the Access Service package bundles was discovered and is scheduled for correction.

Utilization Management Committee

The monthly UMC Meeting was held in September and minutes are available for review.

MCG

For the month of September, there were 950 individuals screened in Indica which is an average of 32 cases per day screened using the MCG Behavioral Health Guidelines. This is similar to the 1014 screened per day in August, with a 34 per day average.

UM had a quarterly meeting with MCG contract manager, Ginny Warner. We addressed the social determinant functionality within Indica and will need to schedule time internally to test adding another admit date in Indica to address bed-wait, that impacts the admit date.

IRR

FY 20/21 Annual Interrater reliability administrations were sent out during the month of September to COPE, Children's screening entities, and the ACT Teams. For those not meeting the 90% threshold for case studies, a 2nd case administrations will be sent with a 2-week turnaround. It is projected that the Annual Report should be completed by the end of October.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-74 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/20/2021

Name of Provider: Bromberg & Associates, LLC

Contract Title: Request for Additional Funds for Translation Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/13/2021

Proposed Contract Term: 10/1/2020 to 12/31/2021

Amount of Contract: \$ 80,000.00 Previous Fiscal Year: \$ 10,000.00

Program Type: Continuation

Projected Number Served- Year 1: 60,000 Persons Served (previous fiscal year): 75000

Date Contract First Initiated: 10/1/2016

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This board action is requesting approval for an amount not to exceed \$80,000 through December 31, 2021, increased from \$35,000 through September 31, 2021 to ensure compliance with regulatory and contractual requirements, the Customer Service Department has the delegated responsibility of ensuring that all procedures are in place to accommodate individuals who have limited English proficiencies and require alternate means of communication to have access to auxiliary aids, American Sign Language (ASL), and the most efficient language translations.

The increased utilization is due to bringing the Access Center in-house. Translation service provider Bromberg & Associates will be utilized in Customer Service, Call Center, and throughout the organization.

Customer service, in conjunction with Purchasing, will develop and issue a RFP for translations to be awarded effective January 1, 2022.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 22	Annualized
Multiple	\$ 80,000.00	\$ 80,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 80,000.00	\$ 80,000.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64914.804000.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, October 6, 2021

Signed: Wednesday, October 6, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-14 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/20/2021

Name of Provider: Wayne County

Contract Title: Department of Health, Human & Veterans Services

Address where services are provided: 500 Griswold Street #10, Detroit, Michigan 48226

Presented to Program Compliance Committee at its meeting on: 10/13/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 9,450,000.00 Previous Fiscal Year: \$ 10,250,000.00

Program Type: Continuation

Projected Number Served- Year 1: 3,060 Persons Served (previous fiscal year): 4,375

Date Contract First Initiated: 1/1/1998

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting the approval of a one year contract with Wayne County for the following programs: (1) Wayne County Third Circuit Court-Clinic for Child Study (\$600,000), the Wayne County Department of Health, Human and Veteran's Services \$3,850,000) and the Wayne County Jail (\$5,000,000) for a total amount not to exceed \$9,450,000 for the fiscal year ended September 30, 2022.

The Clinic for Child Study provides the pre-dispositional assessments including psychological testing/social history/GAINS (CPT codes: H0001, H0031, 96130, 96131) for youth and their families who have come to the attention of the juvenile justice system through the Court to prevent and/or decrease the number of youth that re-offend, which may result in incarceration or out of home placement. In addition, the Clinic provides Sexual Awareness Information and Treatment (SAIT) Group Therapy services for youth who come to the courts' attention because of sexual misconduct. The targeted population are children and adolescents with Serious Emotional Disturbance (SED) and their families who have come to the attention of the Third Circuit Court or who are at risk of contact with the Court.

Wayne County Department of Health, Human and Veteran's Services (formerly Children and Family Services) coordinates service provision for identified youth in 3 programs: (a) Children Mental Health Services provided through Assured Family Services CHOICES program to Medicaid eligible youth for \$3,200,000, (b) Juvenile Inventory for Functioning (JIFF) which is a standardized assessment tool for assessing the functioning and need for mental health services of all youth (ages 0-18) across domains-school, home, social settings, potential self-harm, potential substance use, etc. for \$450,000 (General Funds) and (c) Service Coordination, i.e. targeted case

management/service coordination for \$200,000 (Medicaid). The program provides improved access into the community mental health system for children and youth in the juvenile justice system and their families. Once an individual is diagnosed with an SED, they are able to rapidly access much needed mental health intervention. The program also improves coordination and collaboration between Community Mental Health providers and Care Management Organizations (CMO) in the juvenile system system, in support of assisting youth and families in accessing mental health services.

Wayne County Jail Mental Health Services (General and local Funds) for the provision of mental health services for Wayne County residents that have been detained at the jail and have been screened, assessed and determined to meet the criteria for an Intellectual Development Disability (I/DD), a Serious Emotional Disturbance (SED), a Co-Occurring Disorder, a Substance Use Disorder (SUD) or at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either in the mental health unit or in the general population by appropriately credentialed clinicians. Services include evaluation, diagnosis, crisis intervention, therapy, medication management, education and referrals.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Medicaid, General Fund, Local Funds

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
MEDICAID	\$ 4,000,000.00	\$ 4,000,000.00
General Fund and Local	\$ 5,450,000.00	\$ 5,450,000.00
Total Revenue	\$ 9,450,000.00	\$ 9,450,000.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Eric Doeh

Stacie Durant

Board Action #: 22-14

Signed: Tuesday, September 21, 2021

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Signed: Tuesday, September 21, 2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: BA 22-16 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/20/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Prevention Funding FY 22

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/13/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 6,484,938.00 Previous Fiscal Year: \$ 5,632,133.00

Program Type: Continuation

Projected Number Served- Year 1: 103,200 Persons Served (previous fiscal year): 103,200

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting an one year contract for the fiscal year ending September 30, 2022 for an amount not to exceed \$6,484,938.

The following Prevention programs have been granted funding from MDHHS for fiscal year 2022: \$1,175,281 for COVID-19 Supplemental Funds, \$2,861,657 in SUD Prevention Block Grant, \$189,000 in Gambling Prevention and \$2,009,000 in PA 2 Prevention, and \$250,000 in State Opioid Response. Amounts may be reallocated between listed providers without board approval however can not exceed \$6,484,938.

The pandemic has brought challenges in provision for substance use prevention, treatment and recovery supports for those who have a substance use disorder and people in recovery. As part of the efforts to adapt to the challenges that COVID has brought, prevention providers would like to implement the following: Provider will incorporate the following objectives and services for the COVID II Prevention funding: Provider will participate in ACCESS to Youth Services meetings held with DWIHN, Increase Outreach Activities, Problem Identification and Referral – which may include Student Assistance Programming and other youth groups. Provide: Provide EBPs Prime for Life or Botvin Life Skills to participants impacted by COVID-19 pandemic. Train prevention staff on the EBP for fidelity, Disseminate Media, Information Dissemination by media campaigns, radio & TV PSAs, and social media posts to increase the ability for messaging specific to the population of focus or need. Incorporate the Taking it to the Streets (Treatment Philosophy).

The prevention provider network will address and use one or more of the following 6 CSAP Primary Strategies: Information Dissemination - incorporated in all CSAP Strategies, Alternatives - identified as Prevention Prepared Communities, Community Based- identified as Prevention Prepared Communities and Capacity Building, Education - identified as Direct Services, Environmental Change - identified as Prevention Prepared Communities, Problem Identification, and Referral – identified as Direct and Prevention Prepared Communities. In addition, prevention will increase school-based programming, utilizing peer-to-peer pro-social services, raise public awareness, and mobilize communities to prevent alcohol, tobacco, and other drug-related problems, environmental changes, including laws and advocacy, reduce consequences of underage and alcohol-related activities.

The State Opioid Response programs have been granted funding from MDHHS to provide Youth and Family Oriented Prevention Evidence Based Practices, Overdose Education and Naloxone Distribution with Harm Reduction.

DWIHN has the discretion to allocate the funds among the providers based upon utilization as long as the total amount of the board action (i.e. contract amount) does not increase. As a result, budgets may be decreased/increased among sub-recipients as long as overall budget does not change.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Block Grant	\$ 4,475,938.00	\$ 4,475,938.00
Local Funds - Public Act 2 (PA2)	\$ 2,009,000.00	\$ 2,009,000.00
Total Revenue	\$ 6,484,938.00	\$ 6,484,938.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Eric Doeh

Signed: Wednesday, October 6, 2021

Signature/Date:

Stacie Durant

Signed: Wednesday, October 6, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 22-17 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/20/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Treatment Funding FY 22

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/13/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 7,830,900.00 Previous Fiscal Year: \$ 6,291,109.00

Program Type: Continuation

Projected Number Served- Year 1: 13,000 Persons Served (previous fiscal year): 13200

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This board action is requesting an one year contract for the fiscal year ending September 30, 2022 for the amount not to exceed \$7,830,900.

The following treatment block grant programs have been allocated funding: Women's Specialty Services \$500,000; State Disability Assistance \$730,598; MYTIE \$32,335; and COVID Emergency carryover \$154,192. In addition \$4,216,661 has been granted to respond to the COVID crisis including \$724,499 in COVID Women Specialty Services and \$3,492,162 in COVID Treatment Service. In addition, \$1,069,000 has been allocated in PA2 for treatment services.

Finally, DWIHN is requesting approval to allocate \$1,128,114 in State Opioid Response (SOR2Y2) to respond to the Opioid Epidemic. The services include Jail Based Mat (\$113,114), MI Rep (\$400,000), Mobile Care Units (\$125,000), OUD/STUD/Case Management (\$140,000), Peers in FQHC's/ED (\$150,000) and Recovery Housing (\$200,000).

It should be noted that the SUD treatment block grant for claims based activity is included in the overall provider network board action therefore the aforementioned amount does not reflect the entire SUD treatment and WSS block grant.

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to the approved not to exceed amount. As a result, budget may be decreased/increased among providers.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
SUD Block Grant	\$ 6,761,900.00	\$ 6,761,900.00
PA2	\$ 1,069,000.00	\$ 1,069,000.00
Total Revenue	\$ 7,830,900.00	\$ 7,830,900.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

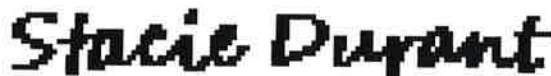
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, October 6, 2021

Signed: Wednesday, October 6, 2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 22-21 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/20/2021

Name of Provider: ARC Detroit, The ARC of Northwest Wayne County, The ARC of Western Wayne County

Contract Title: ARCs Detroit, Northwestern Wayne & Western Wayne

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/13/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 599,397.00 Previous Fiscal Year: \$ 599,397.00

Program Type: Continuation

Projected Number Served- Year 1: 7,756 Persons Served (previous fiscal year): 8271

Date Contract First Initiated: 4/1/2014

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Staff recommends approval of a one-year contract renewal with 1.) ARC Detroit; 2.) ARC of Northwest Wayne County; and 3.) ARC of Western Wayne County. The proposed contract will provide advocacy, supportive services, and educational information by addressing issues facing persons with intellectual/developmental disabilities. The contract further targets supportive family members, and the community through advocacy and information. The design and delivery of the programs will ensure active engagement and coordination in the mental health system.

- 1.) **The Arc Detroit** has a Advocacy and Community Awareness program to engage and assist individuals who are I/DD and their families.
- 2.) **The Arc of Northwest Wayne County** has the After I'm Gone program to assist families in planning for the future, when family members are no longer able to provide help. Guardianship Alternatives Information Network (G.A.I.N.) offers information about guardianship and legal alternatives to guardianship for consumers, parents, and mental health professionals. The Lekotek program provides families with monthly individual play sessions with their child to explore toys and play for children with disabilities.
- 3.) **The Arc of Western Wayne County** also provides an After I'm Gone program and The Take Charge Helpline. The Helpline was developed to address concerns of parents and children, and adults with I/DD. The Helpline broadens the geographical reach to consumers and the community,

to engage, inform and encourage. The website is a portal to general information on mental health and disability related topics.

The term for each contract is from October 1, 2021 through September 30, 2022. Funding for these programs is as follows: 1.) not to exceed \$117,369.00 – ARC Detroit Advocacy and Community Awareness; 2.) not to exceed \$296,101.00 - The Arc of Northwest Wayne County (After I'm Gone - \$134,220.00; GAIN - \$56,552.00; Lekotek - \$105,329.00); 3.) not to exceed \$185,927.00 - The Arc of Western Wayne County (After I'm Gone - \$56,377.00; Take Charge Helpline - \$129,550.00).

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
State General Fund	\$ 599,397.00	\$ 599,397.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 599,397.00	\$ 599,397.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y


Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, October 7, 2021

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Signed: Thursday, October 7, 2021

Board Action #: 22-21

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-29 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/20/2021

Name of Provider: Detroit Central City C.M.H., Inc.

Contract Title: Jail Diversion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/13/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 1,005,000.00 Previous Fiscal Year: \$ 1,005,000.00

Program Type: Continuation

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 2100

Date Contract First Initiated: 6/10/2004

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Detroit Wayne Integrated Health Network is requesting a continuing contract with the following providers for jail diversion programs: Central City Integrated Health (CCIH) - Homeless Outreach \$225,000; CNS Healthcare - Co-Responder Program \$350,000.00; Team Wellness - Co-Responder Program \$350,000 and City of Southgate 28th District Court Regional Veterans Treatment Court \$80,000. The aforementioned is included on the general fund allocation as Jail Diversion \$905,000 and \$100,000 from the police department partnership for a total amount not to exceed \$1,005,000.

CCIH is continuing with Detroit Homeless Outreach (DHOT) program, to bridge the gaps that exist between the police, homeless, and service providers. The collaboration between the City of Detroit, homeless outreach providers and behavioral health providers will bring DWIHN closer to the goal of getting people off of the streets by utilizing available resources more efficiently, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD).

Providers CNS Healthcare and Team Wellness will continue a Co-Response Program model in multiple precincts within the Detroit Police Department. The program is founded on the basis that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Behavioral health specialists can provide rapid assessment and de-escalation. This allows for a reduction in costly and unnecessary transportation to hospital emergency departments for mental health

assessment. Cross-training between the police and the behavioral health staff will result in mutual understanding and respect for each other's roles, and help respond to crises and determine appropriate outcomes.

City of Southgate 28th District Court Downriver Regional Veterans Treatment Court is a jail diversion program for individuals who have served in the United States Armed Services. Participants will receive mental health treatment; peer support; judicial supervision; medication; job placement; and education. Court staff work with stakeholders including probation officers; veterans administration; attorneys; behavioral health and substance use providers to develop and implement a plan that will result in community stability.

Amounts can be allocation amongst the providers without board approval.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
State General Fund	\$ 1,005,000.00	\$ 1,005,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,005,000.00	\$ 1,005,000.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, October 8, 2021

Page 191 of 200 Signed: Friday, October 8, 2021 Board Action #: 22-29

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-32 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/20/2021

Name of Provider: Medversant Technologies LLC

Contract Title: Credentialing Verification Organization

Address where services are provided: 355 South Grand Ave. Suite 1700 Los Angeles, CA 90071

Presented to Program Compliance Committee at its meeting on: 10/13/2021

Proposed Contract Term: 11/1/2021 to 10/31/2022

Amount of Contract: \$ 274,740.00 Previous Fiscal Year: \$ 314,700.00

Program Type: Continuation

Projected Number Served- Year 1: 0 Persons Served (previous fiscal year): 3412

Date Contract First Initiated: 11/1/2017

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This board action is requesting a contract for one (1) year effective November 1, 2021 through October 31, 2022 for an amount not to exceed \$274,740 with Medversant Technologies LLC a National Committee for Quality Assurance accredited Credentialing Verification Organization.

Medversant primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition Medversant conducts continuous monitoring of DEA licenses, Office of Inspector General and System for Award Management sanctions, and licensure. All Medversant activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition Medversant will send Carecredentialing/Re-Credentialing letters and certificates to providers or practitioners. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Multiple	\$ 274,740.00	\$ 274,740.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 274,740.00	\$ 274,740.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)?

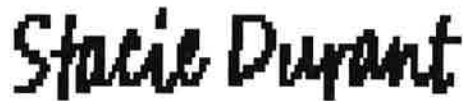
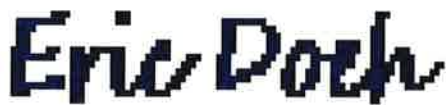
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, October 6, 2021

Signed: Wednesday, October 6, 2021